A STUDY TO EVALUATE THE EFFECTIVENESS OF A STRUCTURED TEACHING PROGRAMME ON CHILD SAFETY MEASURES AMONG MOTHERS OF UNDER FIVE CHILDREN IN A SELECTED VILLAGE AT KANYAKUMARI DISTRICT, TAMIL NADU.

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI IN PARTIAL FULFILLMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL 2012

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INTERNAL EXAMINER **EXTERNAL EXAMINER**

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APPROVED BY THE DISSERTATION COMMITTEE ON: ……..

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APRIL – 2012

CERTIFICATE

This is to certify that this is the bonafide work of ……

II year MSc (N) Sree Mookambika College of Nursing, Kulasekharam, In partial fulfillment of the requirements for the Degree of Master of Science in Nursing under the Tami Nadu Dr.M.G.R.Medical University, Chennai.

Place : Kulasekharam

Signature

Date :

Principal

Sree Mookambika College of Nursing,

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Investigator

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ABSTRACT

Introduction

Accidents can happen anywhere in and around the home, but common places include the dining room, kitchen, bathroom and the stairs. Accidents in the kitchen and on the stairs are often the most serious.There are potential hazards in every home, such as hot water, household chemicals, fireplaces and sharp objects. The design of some homes, such as those with balconies and open staircases, can also contribute to accidents.Young children are not able to assess the risks, all these things pose. Their perception of the environment around them is often limited and their lack of experience and development, such as their poor co-ordination and balance, can lead them to having an accidents.

Objective

The overall aim of the research was to evaluate the effectiveness of a structured teaching programme on child safety measures among mothers of under five children.

Methodology

The research design selected for the study was one group pretest post test design. Pilot study was conducted for one week on six samples in Kunnampara. After conducting pilot study a total of thirty mothers of under five children were selected by purposive sampling technique. The main study was conducted in Arumani Panchayath and Kulashekaram. On the first day pretest level of knowledge was evaluated by structured questionnaire and teaching

was administered on the same day. After one week post test was done by using the same structured questionnaire. The data were analyzed using descriptive and inferential statistics.

Findings of the study

The mean knowledge score was 10.97 and mean knowledge score after administration of structured teaching programme was 19.3. The mean difference is 8.33. The ‘t’ value is 26.87.

Conclusion

There was a significant increase in the level of knowledge among mothers of under five children after the administration of structured teaching programme. There was no significant association between the knowledge level of mothers with their demographic variables.

CHAPTER 1

INTRODUCTION

"Children are our most valuable resource."

(Nelson Mandela)

"Safety and security don't just happen; they are the result of collective consensus and public investment".

(Nelson Mandela)

Accidents are the main cause of injury and even death in children. People only relate accidents to outdoor activities. However as a matter of fact, the place where people regard as the safest place-home hides many hazards. The main of home accident is general negligence of safety at home.

An accident can be defined as unexpected, unplanned occurrence of an event which usually produces unintended injury, death or property Damage.

(Nasi basti 2002)

Domestic accident is an accident that takes place at home or in its immediate surroundings, and, more generally, all accidents not connected with traffic, vehicles or support.

(Dinesh J Bhanderi 2008)

Accidents are an important cause of injury and death during the first year of life. Because of infants rapid advance in motor and sensory development, along with overwhelming curiosity about their surroundings, parents and other caregivers must constantly be alert to the potential dangers that exist in the environment.

(Dorothy. R .marlow 2001)

An accident or mishap is an unforeseen and unplanned event or circumstance, often with lack of intention or necessity. It implies a generally negative outcome which may have been avoided or prevented had circumstances leading up to the accident been recognized, and acted upon, prior to its occurrence.

Today's "modern" risks result from the unsafe use of dangerous chemicals, the inadequate disposal of toxic waste and other environmental hazards, noise and industrial pollution. Unsafe chemicals in toys and household products may also harm children.

(V.P.Chaudhari 2009)

Accidental death in children particularly during playing, while flying kites, fall from the terrace, injury from sharp objects, injury from fire crackers particularly during the festive seasons, improper use of electrically operated toys, sharp toys, scissors, knives, blades are not uncommon (1-5). Most of the studies regarding accident in children are conducted in older age groups.

(Nasi basti 2002)

As the child grows, he will become interested in touching and exploring anything he can reach. As he learns to roll, crawl, walk and climb he can easily get into dangerous situations, your child will not understand what is dangerous and will need you to make his play are safe. Parents may not able to prevent every bump, scrape, or cut, but some simple safety measures will lower the risk of child getting hurt.

(Plunket 2007)

Need and Significance of the Study

The child accident prevention trust stated that “The home is the place where children seek comfort and security”.

(Y.H.Carter1993)

The children of today are the citizens of tomorrow. A child’s world centers on the home, school and the local community. Every year over five million children of age group zero to fourteen are dying mainly in the developing countries. About three million children are dying of unintentional injuries (accidents) resulting from domestic accidents, school accidents from falls, fire, drowning and poisoning.

(Janet.J 2008)

Child alert (2012) reported that 500,000 under the age of 4 are injured in the home every year. Fire is the greatest cause of accidental death. 46% of fatal accidents to children are caused by fire.39% of all children’s accidents are from falling. 10 children die each year from falling through a

window or off a balcony. The largest number of accidents is caused in the lounge/living area with poisoning usually occurring from taking domestic cleaning substances. 35,000 children under the age of 4 fall down the stairs each year. 3000 injuries are caused by tripping over piles of laundry/toys left on the floor. 130,000 children are injured in the garden each year. 3% of toddlers die by drowning in the bath, while swimming, by the sea and includes ponds in the garden.

Child's environment has also an important part to play injury causation. Social stress factors like single parent, unemployment of parent, poor education status, and size of family, contribute to injury causation. Poor housekeeping and lack of awareness of safety precautions are important.

(C.G. Wilson 1999)

The World Health Day-2003 was dedicated to "Healthy Environment for Children". In September 2002, WHO launched the Healthy Environment for Children Initiative. They are now working with different groups around the world to turn this initiative into a vibrant, global alliance which will be capable of mobilizing local support and intervening to make children's lives healthier where they live, learn and play.

(V.P.Chaudhari 2009)

The study of childhood, foreign body aspiration recorded that 10 children (six boys, four girls) with a diagnosis of foreign body aspiration (FBA) amongst 19,951 cases that underwent autopsy between the years 1996-2002.

Eight of the children were under 2 years old. All the incidents took place at home.

(Ozdemir et al 2002)

In the study of epidemiological aspects of acute childhood poisoning among patients attending a hospital National Medical College Kolkata, revealed 3.6% of total paediatric admissions were due to poisoning. Majority of the cases included oral/chemical poisoning. Kerosene was the commonest among all poisoning. Most of the cases were accidental.

(Basu et al)

Injuries, many of which occur at home are the leading causes of death for children. With such an extensive problem, it is natural to look for outlets such as mass media to reach large numbers of families with educational messages about safety and injury prevention.

(Jennifer. A Manganello & Lara .B. McKenzie -2006)

Nurses can help prevent accidents to infants and children by guiding parents in accident prevention, by protecting infants and children under their care, and by setting good examples of safe behaviour. Whether the hospital or the community, nurses can help reduce accidents by assisting parents to be vigilant when supervising their children.

(Dorothy. R. Marlow 2001)

Accident could not be completely avoided, but its occurrence could be prevented. To prevent accident to children, adults should pay more attention

to home safety. They should also clear any hidden hazards at home and teach children about safety.

So the investigator decided to select this problem for the study and thereby to impart the knowledge regarding child safety among mothers of under five children which may help to improve the mother's knowledge and thereby to improve the children health.

Statement of the Problem

A study to evaluate the effectiveness of a structured teaching programme on child safety measures among mothers of under five children in a selected rural village at kanyakumari district, Tamil Nadu.

Objectives

1. To assess the level of knowledge of mothers of under five children on child safety measures.
2. To evaluate the effectiveness of the structured teaching programme on child safety measures among mothers of under five children.
3. To determine the association between knowledge level of mothers of under five children on child safety measures and their demographic variables such as (age of the mother, educational status, income, occupation, type of family, number of children in the family, mass media)

Hypotheses

(1) There is a significant increase in the level of knowledge of mothers of under five children on child safety measures after the structured teaching programme.

(2) There is a significant association between the knowledge level of mothers of under five children and their demographic variables such as age of the mother, educational status, income, occupation, type of family, number of children in the family, mass media.

Operational Definition

Effectiveness

In this study effectiveness refers to the increase in the level of knowledge of mothers of under five children on child safety measures after the structured teaching programme.

Knowledge

Knowledge refers to the understanding and awareness of the mothers of under 5 children on child safety measures as measured by the scores obtained from the structured questionnaire.

Mothers

In this study mothers refer to women who have children between 0-5 years of age.

Child Safety Measures

In this study child safety measures refers to the various means by which the under five children are protected from any uneventful situations like aspiration, falls, poisoning, drowning, burns, aspiration etc.

Under Five Children

It refers to the children between the age group of 0 and 5 years

Structured Teaching Programme

Structured teaching programme refers to a preplanned session conducted to impart knowledge on child safety measures to the selected mothers which included lecture cum discussion methods using flash cards as A V aids

Assumptions

(1) Under five children may have more chances for accidents.

(2) Mothers of under five children may have inadequate knowledge on child safety measures.

(3) A structured teaching programme for the selected mothers may have positive influence in creating awareness on child safety measures of under five children.

(4) Adequate knowledge of mothers on child safety measures may enhance prevention of accidents among under five children.

Delimitations

The study was delimited to

(1) Mothers who have children between the age of 0-5 years.

(2) Four weeks duration.

(3) 30 samples only.

(4) Mothers of rural community.

Ethical Considerations

After getting permission from the ethical committee of Sree Mookambika College of Nursing,to conduct the study with Arumanai panchayat, the mothers of under five children were approached and explained and oral consent was obtained from them. They were assured with confidentiality and privacy.

Conceptual Framework

The conceptual framework is a visual diagram by which the researcher explains the specific area of interest. It is the overall printing of a study. The overall purpose is to make research findings meaningful and generalizable.

The conceptual framework for this study was derived from " J.W. Kenny's Open System Model (1999) " interrelated parts in which parts have a function and system as a whole has its own function:- all living systems are open system in which there is a continuous exchange of matter, energy and information provides input for the system. The system transforms the input in

the process known as output. When output is returned into the system as input the process is known as feedback. All living systems are open in that there is continually exchange of matter, energy and information with environment from which the system receives input and gives output in the form of matter energy and information.

Input

In this study, input includes the pretest which is done to assess the knowledge of mothers of under five children on child safety measures (prior to the beginning of the programme) and their related demographic variables.

Throughput

Throughput or the process focuses as primarily upon actual delivery of the structured teaching programme.

Output

Output refers to the information, once passed on to the samples, are reassessed by a post test and released in an altered state. Output usually focuses upon the learning outcome of the participants.

Input is the evaluation of the knowledge level of the mothers on child safety measures through the structured questionnaire. Throughput was the transformation process which is obtained by delivery of structured teaching programme. Output is evaluation through the post test using same questionnaire.

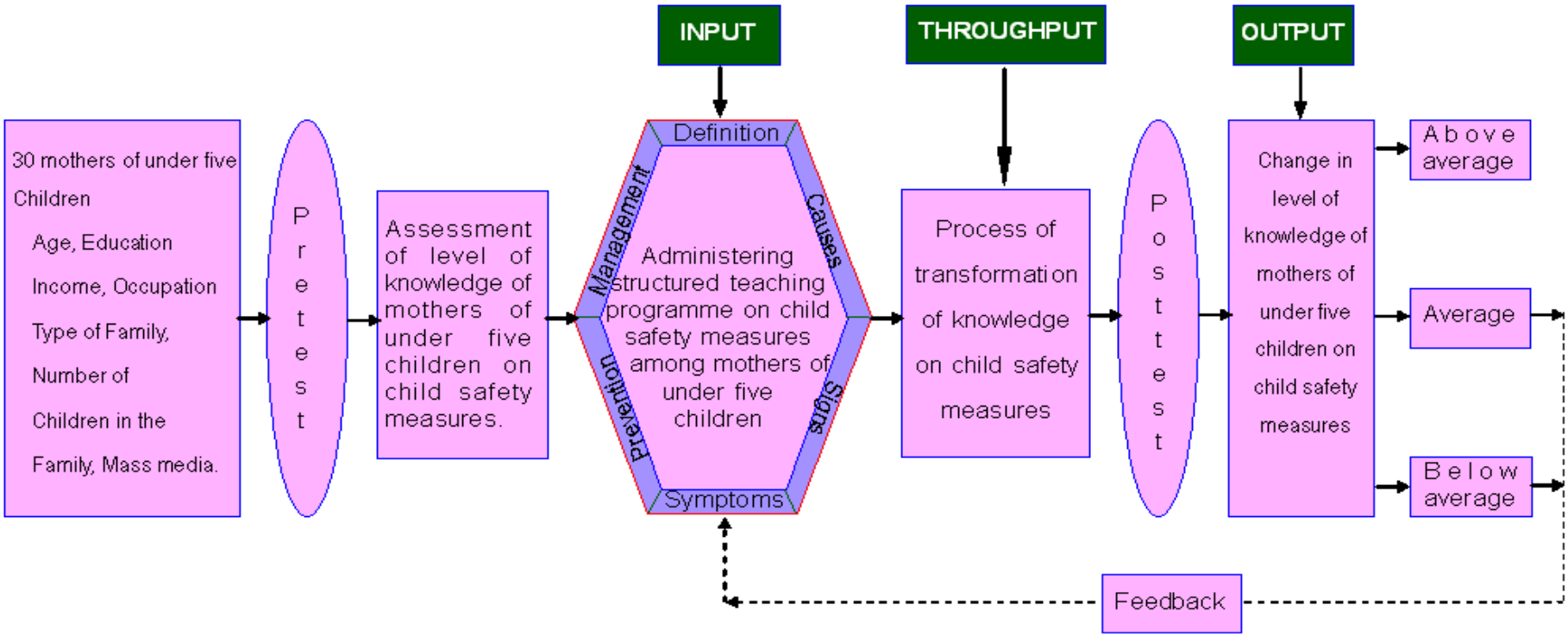


Figure. 1 Conceptual Frame Work based on J.W. Kenny's open System Model (1999)

CHAPTER – II

REVIEW OF LITERATURE

A review of related literature is an essential step in the development of a research project. It helps in the formulation of a plan for a study and provides theoretical framework for the proposed study.

Hence the review of literature done behind the study is organized under the following heading.

1. Studies on prevalence and cause of accidents in children.
2. Studies on domestic accidents among children.
3. Studies on drowning among children.
4. Studies on accident prevention among children.

1. Studies on prevalence and cause of accidents in children.

Vipul P.Chaudhari.,Ratan K,Srivastava.,Mohua Moitra.,Vikas K. Desai. (2009) conducted a cross sectional study on risk of domestic accidents among under five children. The information was collected using interview technique by house to house survey. A sample size of 600 families, 300 households from urban slum and 300 households from middle income group were surveyed. The information was collected using interview technique. They found that nearly two third of the boys (64.1 %) from MIG area were at risk of electric appliances within reach in their home as compared to 23.9 % in urban slum area. In the same way girls (54.7 %) of the MIG area were higher at risk of exposure to electric appliances as they were within reach in comparison to

17.6 % girls of the urban slum area. Three fifth boys (61.0 %) were found at risk of household chemical being within reach in urban slum area as compared to about one fourth boys (26.6 %) were at same risk in MIG area. Similarly more girls (63.5 %) from the urban slum area were at risk as household chemical was within their reach in comparison to girls (31.1%) of the MIG area. It was shocking to observe that an overwhelming majority (92.5% boys & 91 % girls) in the Urban slum area were exposed to fire as it was within reach in their homes and was generally considered safe by the parents. The risk of material / item falling (57.7% boys & 53.2% girls) was found only in urban slum area which highlighted the more hazardous nature of domestic environment as compared to MIG area. The thought that socio economic status affects safety of children is very sobering.

Agran P.F., Anderson C., Winn.D., Trent.R., Walton-Haynes L., Thayer S (2003) conducted a study to analyze the injury rate for children younger than 4years. Data from 1996-1998 California hospital discharges and death certificates were collected to identify day of age and external cause of injury (E-code) for children younger than 4 years. They found that there were a total of 23,173 injuries; 636 resulted in death. The overall annual rate for children aged 0 to 3 years was 371/100,000. Beginning at age 3 to 5 months, the overall rate of injury rapidly increased with increased age, peaking at 15 to 17 months. The leading major cause of injury in descending order were falls, poisoning, transportation, foreign body, and burns.

Carter Y.H.,Jones P.W. (1993) conducted a prospective study on accidents among children under five years old in North Staffordshire. Hospital

centre during a 12 month period. Details were obtained from answers to a questionnaire sent to parents within two weeks of a child's accident. (1996) Among 511 children under five years of age, 100 children (57 boys, 43 girls) had 120 accidents. The maximum number of accidents occurred in the second year of life. Parents took their children directly to the casualty department in 105 (85%) accidents. Eighty six children had only one accident and four children required hospital admission. The most common cause of injury was a fall (56%). The majority of accidents happened at home (79%). The findings suggest that it is the ability of families to put awareness and knowledge of accident prevention into effective action that is important.

2. Studies on domestic accidents among children.

Maria Loreto Mateos Baruqu ' Eva Maria Vian Gonzalez., Milagros Gil Costa., Jose Eugenio Lozano Alon., Elena Santamaria Rodrigo., Belen Herrero Cembellín (2011) conducted a study on epidemiological characteristics and types of domestic and leisure accidents. They found that the annual cumulative incidence was 2651 cases/100000 inhabitants, their being slightly higher percentage of men (50.4%). The ≤ 15 and ≥ 65 years age groups had more accidents. The time of day of 49.2% of the accidents was during the morning and 71.7% were on a working day. The majority (57.1%) took place in the home, 16.8% in the street, and 7.3% in schools. The study concluded that the most common accidents types were falls to the same level (40.4%) and use of cutting and sharp objects (22.7%). The study concluded that most accidents took place within the home, on a working day and by falls. The most affected were the ≤ 15 and ≥ 65 years old age groups.

Yeh E.S., Rochette L.M., McKenzie L.B., Smith G.A (2011) conducted a study on Injuries associated with cribs, playpens, and bassinets among young children in the US during a 19year study period. Retrospective analysis was done using data from the National Electronic Injury Surveillance System for children younger than 2 years of age. There was an average of 9561 cases per year or an average of 12.1 injuries per 10 000 children younger than 2 years old per year. Most of the injuries involved cribs (83.2%), followed by playpens (12.6%) and bassinets (4.2%). The most common mechanism of injury was a fall from a crib, playpen, or bassinet, representing 66.2% of injuries.

Castro Y., Powell E.C., Sheehan K.M (2010) conducted a study on supervision and physical environment of falls in Children's Memorial Hospital Chicago. 108 children younger than 7 years with fall injuries were selected by convenient sampling. The average age was 3 years, and 56% were males. Seventy-six (70%) were a fall from a height including 16 that involved stairs. Among caretakers in a non group setting (n = 95), most (61%) were supervising more than one child. The attention to the child was holding or playing with the child (13%), observing (45%), usually constantly, or listening for the child (19%); 9% reported no supervision at the time of the fall. Thirty-two percent stated they were touching or within reach of the child. Of falls indoors (n = 56), the supervisor was in the same room as the child for more than half of cases. There was no association between the number of children supervised and fall type.

Tung T.H., Liu M.C., Yang J.Y., Syu W.Y., Wu H.P (2008) Conducted a study to analyze the general characteristics of children in the pediatric emergency department (PED) who accidentally fall off the crib and to establish useful preventive measures among 7,281 children admitted to the OU. They found that after performing the preventive methods in 6,232 patients in the second period, three events of accidental falls were noted. In the third period, there was no accident in the 5,225 patients admitted to the PED. Comparing the occurrences of children falling off the bed among the three periods, accidental falls significantly decreased in the third period ($p < 0.001$). Effective methods can be instituted to prevent children from falling off the bed, especially in the PED.

Dinesh J.Bhanderi and Sushilkumar Choudhary (2008) conducted **a** cross sectional Study on occurrence of Domestic Accidents in a semi-urban community. Complete information from 796 households consisting of 4086 individuals was collected through semi-structured, pre-tested questionnaire. The incidence of domestic accidents was found to be 1.7%. The most common accident reported was fall. Occurrence of falls was found to be associated with age and overcrowding. Other accidents noted were burns, scalds, electrocution, injuries and accidental poisoning. Accidents were reported in significantly higher proportion in extreme age groups and in females. Higher proportion of accidents occurred during the morning and evening hours. They found that the incidence of domestic accidents was found to be 1.7%. The most common accident reported was fall. The study concluded that falls being the most frequent type of accidents, proper designing of house and adequate illumination may help in reducing their

occurrence, as the majority of accidents occurred during the morning and evening hours in the study.

Petridou E., Anastasiou A., Katsiardanis K., Dessypris N., Spyridopoulos T., Trichopoulos D.(2005) conducted a prospective population based study of childhood injuries in Greek town. Populations of 748children (0-14 years old) were included in the study. All identifiable injuries have been monitored during a twelve-month period through information provided by the health care outlets or educational institutions as well as the police station and the regional hospital. The overall incidence was 28.2 per 100 person-years whereas the incidence of injuries with Hopkins Injury Severity Score equal to or higher than four was 6.3 with 95% confidence interval 4.5 to 8.1. The incidence of total injuries was higher among boys than among girls ($p<0.01$) and the gender difference was particularly evident among older children. Almost half of the injuries were due to falls and more than 20% were due to cutting. Children of younger and less educated parents have higher risk for injury and children from families with more injuries were more likely to be injured themselves. There was no evidence that somatometric characteristics were associated with injury risk.

Morrison L., Chalmers D.J., Parry M.L., Wright C.S. (2003) conducted a study on Infant furniture related injuries among preschool children. Data was collected from health information service databases for the 10 year period 1987-1996. Forty-three fatalities were identified. Twenty-two fatalities (51%) occurred in cots, while 13 (30%) occurred in beds. The study concluded that on average, four infants die each year from injuries related to infant furniture,

and hospitalizations from injuries associated with infant furniture use are increasing. Other products involved were prams, push chairs, high chairs, car seats, portable cots and walkers. A total of 1679 infants were hospitalized through infant-furniture-related injuries. Increasing trends in hospitalizations for baby walkers, beds and bunks were observed. Mandatory standards are one measure to reduce these numbers, but education is also necessary.

Kool B., Ameratunga S. (2004) conducted a retrospective study on fire related child deaths of children under 15years in Newzeland. The study was done over a 10-year period and data was identified from fire service records and the national minimum mortality dataset. Forensic pathology and fire service records were reviewed and this information was compared with reports published within 3 days of the index event in the region's sole daily newspaper. All 14 fatal fire-related events (19 deaths) identified using fire service records and the national minimum dataset during the study period were reported in the newspaper with a high degree of detail and accuracy. Only four news items informed readers of specific measures that could prevent such events.

Onur Hamzaoglu ., Ozlem Ozkan., Staffan Janson (2002) conducted a study to determine the incidence and causes of home accidents in an Ankara military staff resident with 637 households. The study also determined risk factors in the home environment and the families need of health education. Of all families 1.5% were exposed to home accidents and the incidence of home accidents was found to be 0.104/person/years. Among the accidents, falls were most common at 44%, whereas cuts constituted 22%

and burns 19%.About one quarter of the interventions made by mothers by epitasis and poisoning were found to aggravate the problems, whereas three quarters of the adults came up with practicable solutions. Well educated mothers acted better than mothers with less schooling.

Wang S., Guo C., Zhang G., Lu G., Li L., Lin H., Fan C., Huang G., Zhou C., Lu Y (2000)conducted a study on incidence of injury and its socio-economic loss in children and young adults Pupils in 19 primary and middle schools aged 7 to 18 years, totaling 14,533, were recruited with stratified cluster sampling during 1998 to 1999 in Guangzhou, Maoming, Jiangmen and Shantou. Judgment for injury was based on the following criteria: (1) diagnosed and treated in hospitals or school clinics, (2) a half-day off or more due to injury, and (3) emergency management by pupils' parents or teachers. There were 6 941 pupils suffered from varied injures during the year, with an incidence rate of 47.76% (50.08% for boys and 45.02% for girls). Incidence rate of injury was higher in the middle school pupils (13 - 18 years old, 58.49%) than that in the primary school pupils (7 - 12 years old, 40.08%). The incidence increased significantly with age, with a peak at ages of 13 - 15. Major causes of injuries resulted from falls, injury by sharp articles, collision, traffic injuries and burn/scalds, etc, which usually occurred due to carelessness in sports, playing, walking, bike-riding and working.

Cummings P., Rivara F.P., Boase J., MacDonald J.K (1996) conducted a prospective cohort study to determine the incidence rate of injuries that required medical attention among children in day care and to identify possible hazards related to these injuries. 53 medically attended injuries were reported

by 133 day care sites; incidence rate 1.9 per 100,000 hours of day care attendance. The rate of injury in 91 small family day care homes was essentially the same as that in 42 larger day care centers; relative rate 1.0 (95% confidence interval 0.6 to 1.9). Injuries that required sutures accounted for 39% of the cases, while 17% required a cast, splint, or sling. No child was hospitalized. Sixty nine sites were inspected and all had potentially correctable physical hazards. These potential hazards had little relationship to the risk of injury and a case-by-case review identified only two injuries that might have been prevented by a more energy absorbent playground surface.

Mack M.G., Hudson S., Thompson.D (1996) conducted a descriptive analysis of children's playground injuries in the United states over a five year period in order to develop an awareness of how and where children in the United States are being injured. All data are based on the United States Consumer Product Safety Commission's National Electronic Injury Surveillance System (NEISS) for playground related injuries during 1990-1994. The surveillance data includes injuries recorded in more than 90 hospital emergency departments located throughout the United States. They found that each year there are roughly 211,000 preschool or elementary school-children in the United States 17 of these cases result in death. 70% of all injuries occur on public playgrounds, with nearly one third classified as severe. Swings, climbers, and slides are the pieces of playground equipment associated with 88% of all NEISS reported injuries. Falls to the surface are responsible for 70%.

3. Studies on drowning among children

Shields B.J., Pollack Nelson C., Smith G.A (2011) conducted a retrospective analysis of fatal and nonfatal submersion events involving children younger than 12 years in portable pools. Injury and fatality data compiled by the US Consumer Product Safety Commission from 2001 through 2009 was used. There were 209 fatal and 35 nonfatal submersion cases reported to the commission from 2001 through 2009. The majority (94%) involved children younger than 5 years, 56% involved boys, 73% occurred in the child's own yard, and 81% occurred during the summer months. The number of submersion events increased rapidly from 2001 to 2005 and then leveled off from 2005 to 2009.The use of portable pools in residential settings poses a significant risk of submersion-related morbidity and mortality to children, especially in the <5-year-old age group. No single strategy will prevent all submersion deaths and injuries; therefore, layers of protection are recommended.

Saberi Anary S.H., Sheikhazadi A., Ghadyani M.H (2010) conducted a retrospective study on epidemiology of drowning in Mazandaran province. They found that during 2002 to 2006, a total of 1107 persons suffered fatal drowning in Mazandaran province. Children under the age of 15 years comprised 14.2% of all drowning deaths. The study concluded that effective prevention of drowning requires programming and policies that address known risk factors. 47.76% (50.08% for boys and 45.02% for girls). Incidence rate of injury was higher in the middle school pupils (13 - 18 years old, 58.49%) than that in the primary school pupils (7 - 12 years old, 40.08%). The

incidence increased significantly with age, with a peak at ages of 13 - 15. Major causes of injuries resulted from falls, injury by sharp articles, collision, and traffic.

Rahman A., Giashuddin S.M., Svanstrom L., Rahman F (2006) conducted a cross sectional survey to estimate the magnitude and to explore the determinants of childhood drowning in rural Bangladesh. All drownings in children aged 1 - 4 years in the preceding 5 years were identified and recruited as cases and two living children of the same age group were selected from the same localities as controls. Socio-economic, demographic, environmental and other related information was collected from mothers of both cases and controls by face-to-face interview with the help of structured questionnaires. The incidence of drowning among children aged 1 - 4 years old was 156.4 per 100 000 children-year. The highest rate (328.1 per 100 000; 95%) was observed in 1 year old male children. The proportional mortality due to drowning in the children was 27.9%. Mothers' age and literacy and family income were identified as risk factors.

4. Studies on accident prevention among children.

Mock C., Arreola-Risa C., Trevino-Perez R., Almazan-Saavedra V., Zozaya-Paz J.E., Gonzalez-Solis R., Simpson K., Rodriguez-Romo L.,Hernandez-Torre M.H (2003) conducted a study to evaluate the effectiveness of educational counseling programmes aimed at increasing parents' practice of childhood safety in Monterrey,Mexico. Three different counseling programmes were designed to meet the needs of the upper, middle and lower socioeconomic strata. Evaluation involved the use of

baseline questionnaires on parents' existing safety-related practices for intervention and control groups and the administration of corresponding questionnaires after the programmes had been carried out. Data were obtained on 1124 children before counseling took place and on 625 after it had been given. Overall safety scores (% safe responses) increased from 54% and 65% for the lower and upper socioeconomic strata, respectively, before counselling to 62% and 73% after counseling.

Johnston B.D., Britt. J.D Ambrosio L., Mueller B.A., Rivara F.P.(2000) Conducted a study to evaluate the feasibility, acceptability, and effectiveness of an injury prevention program among 213 families in Washington. Trained school personnel conducted home safety inspections as part of a planned home visit. Intervention families were offered educational materials as well as smoke detectors, batteries, ipecac, and age appropriate car safety restraints based on results of the home inspection. At a repeat home visit three months later, the proportion of families with a positive change in injury prevention knowledge or behavior among those in the intervention group was compared with the proportion in the comparison group. Among the families of low income children enrolled in preschool enrichment programs, home safety inspections and the distribution of safety supplies by school based home visitors appears to improve knowledge and behavior related to poisoning, smoke detector installation, and car safety seat use over three months of follow up.

CHAPTER III

RESEARCH METHODOLOGY

Introduction:

Research methodology is a systematic way of solving problem. This chapter depicts the description and various steps adopted to collect and organize data for the present study. This chapter includes research approach, research design, settings, population, sampling technique, selection criteria, validation, and description of tool, data collection and plan for data analysis.

In this study the researcher intended to evaluate the effectiveness of structured teaching programme on child safety measures among mothers of under five children.

Research Approach:

The research approach used for this study was quantitative research approach.

Research Design:

Research design is the overall plan for obtaining answers to the questions being studied and for handling some of the difficulties encountered during the research process.

(Polit and Beck, 2008).

The design used in this study was quasi experiment with one group pre-test post test design. It is represented as

[O_1 x O_2]

O_1- pretest to assess the knowledge on child safety measures among mothers of under five children

X - structured teaching programme on child safety measures

O_2- post test to assess the level of knowledge of mothers on child safety measures.

Setting of the Study

Settings are the more specific places where data collection will occur.

(Polit and Beck, 2008).

The study was conducted at Arumanai panchayath, Kulasekharam, Kanyakumari District. This rural area is situated 5 km away from Sree Mookambika Institute of Medical Sciences. The total population of the Panchayat is around 16521. Majority people are Christians and Hindus, who belong to middle income class. Most of them belong to nuclear family. They are having safe water, drainage and electricity facility at their homes. The main occupation of the area is coolie and the women remain as house wives. Health care facilities are provided through government and private agencies. Setting was selected on the basis of feasibility and the investigator's familiarity with the setting.

Variables

Independent variable: structured teaching programme on child safety measures

Dependent variable: knowledge of mothers of under five children

Demographic variable: age of the mother, educational status, income, occupation, type of family, number of children in the family, mass media.

Population

A population is the entire aggregation of cases in which a researcher is interested. (Polit and Beck, 2008).

All the mothers in Arumanai panchayath, Kulasekharam, Kanyakumari District.

Sample Size

Sample is a small proportion of a population selected for observation and analysis and has all the characteristics of the population.

Sample consisted of 30 mothers of under five children

Sampling Technique

Purposive sampling technique was used for the study.

Sample Selection Criteria

Inclusion Criteria

1. Mothers who had children between the ages of 0-5 years.
2. Mothers who were willing to participate in the study.
3. Mothers who could speak in Tamil.

Exclusion Criteria

1. Mothers of under five children with mental disorders.
2. Mothers of children above five years.

Description of tool

Tools are devices or instruments utilized to collect data. Technique is the method by which data are collected. Questionnaire is a document used to gather self report via self- administration of questions.

(Polit and Beck, 2008).

The tool consists of 2 sections

SECTION – A : Demographic Variables of the samples such as age of the mother, educational status, income, occupation, type of family, number of children in the family, mass media

SECTION – B : Consists of questions on child safety measures.

The structured questionnaire consists of 25 questions to assess the knowledge of mothers on child safety measures. Each correct answer carries one mark and wrong answer carries zero mark, Total score is 25.

The grading of the scores was done as follows.

70-100% good

50-70% average

Below 50 % Below average.

Validity and Reliability

The research tool and teaching module was prepared on the basis of review of related literature and under the guidance of subject experts. Content validity of the tool was assessed by five experts – four experts from the field of child health nursing and from one paediatrician. The necessary suggestions and modifications were incorporated in the final preparation of tool. The reliability of the tool was assessed by test re-test method (r = 0.08). Findings showed that the tool was reliable.

Pilot Study

Pilot study is a small scale version or trial run designed to test the method to be used in a larger, more rigorous study, which is sometimes referred to as the parent study.

(Polit and Beck, 2008).

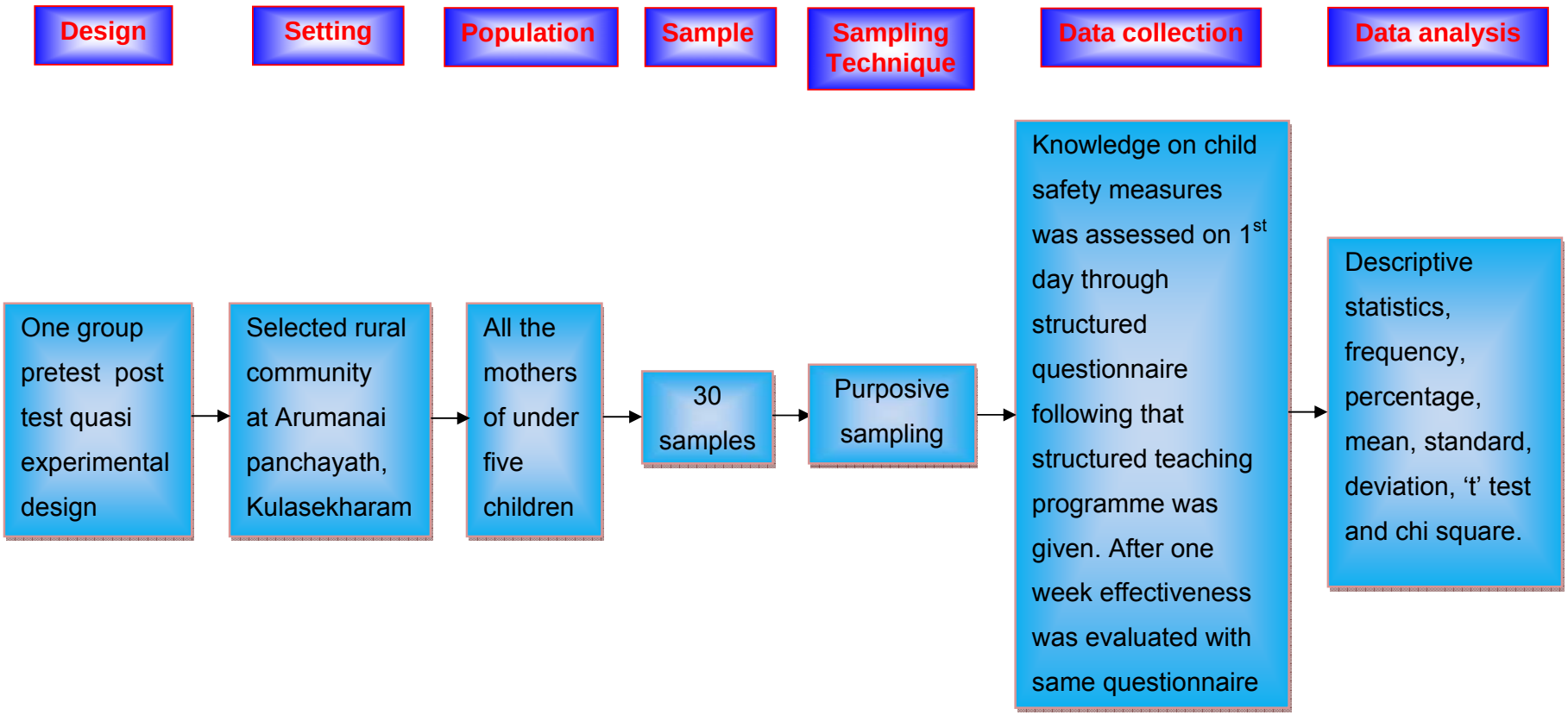
Data were collected within a given period of seven days. The purpose of the study was explained and confidentiality was ensured from the samples. The researcher purposefully selected 6 mothers of under five children. Pretest was conducted using the structured questionnaire in order to assess their knowledge on child safety. Then the investigator conducted a teaching session programme on child safety measures for about 45 minutes for the same mother. After seven days the investigator conducted the post test with the same questionnaire in the same manner. All the mothers were cooperative and took active participation.

Data Collection Procedure

After obtaining permission from the concerned authorities, data were collected for a period of four weeks in the month of June 2011. The investigator selected samples 30 mother of under five children using purposive sampling technique. The nature of the study was explained to the samples. After performing the pre test the structured teaching programme on child safety measures was given with the help of flash cards. Post test was conducted after seven days on the samples using the same questionnaire.

Plan for Data Analysis:

The data were organized, tabulated, summarized and were analyzed using the descriptive and inferential statistical analysis. The analysis was made by 't' test. The association between the selected demographic variables with knowledge was analyzed and interpreted by using $\chi 2$ (chi-square) test.


Design
Setting
Population
Sample
Sampling Technique
Data collection
Data analysis
One group pretest post test quasi experimental design
Selected rural community at Arumanai panchayath, Kulasekharam
All the mothers of under five children
30 samples
Purposive sampling
Knowledge on child safety measures was assessed on 1st day through structured questionnaire following that structured teaching programme was given. After one week effectiveness was evaluated with same questionnaire
Descriptive statistics, frequency, percentage, mean, standard, deviation, 't' test and chi square.

CHAPTER IV

DATA ANALYSIS

Statistical analysis is a method for rendering quantitative information meaningful and unintelligible. Data reveal what the analyst can detect. Analyzing the data and interpreting the results are the reward for the work of collecting data. Analysis should be related to the study objectives and research questions. Analysis of data is intended to bring to light the findings of the study.

This chapter deals with the analysis and interpretation of data collected from 30 mothers of under five children living in the Marapadi community area kulasekharam. Mothers were classified according to their demographic characteristics in terms of percentage. The pre and post test variables were analyzed and interpreted by paired 't' test. The association betwen the demographic variables with the pretest level of knowledge on child safety measures was analyzed and interpreted by χ^2 (chi–square) test. The level of significance was tested at 5% (p=0.05)

The objectives of the study were**:**

1. To assess the level of knowledge of mothers of under five children on child safety measures.

2. To evaluate the effectiveness of the structured teaching programme on child safety measures among mothers of under five children.

3. To determine the association between knowledge level of mothers of under five children on child safety measures and the demographic variables such as (age of the mother, educational status, income, occupation, type of family, number of children in the family, mass media)

Section I

Description of sample characteristics.

Table1: Frequency and percentage distribution of the samples according

to the demographic variables.

Table2: Frequency and percentage distribution of samples according to their pre and post test scores.

Section II

Effectiveness of structured teaching programme on child safety measures

Section III

Association between knowledge and demographic variables.

Section I

This section deals with the frequency and percentage distribution of samples according to their demographic variables.

Table.1. Frequency and percentage distribution of samples according to their demographic Variables.

N=30

S.No	Demographic variables	F	%
1.	Age of the mother.		
	18-24yrs	9	30%
	25-30yrs	11	36.7%
	More than 30yrs	10	33.3%
2.	Educational status of the mother		
	Illiterate	15	50%
	Primary school	12	40%
	High school	3	10%
	Higher Secondary	0	0
	Graduate	0	0
3.	Monthly income of the family		
	Below Rs.5000	15	50%
	Rs. 5000 – 10000	8	26.67%
	Above Rs.10000	7	23.33%

Table. 1 continued ….

4.	Occupational status		
	House Wife	19	63.33%
	Coolie	9	30%
	Self Employed	0	0
	Govt. employee	0	0
	Working in private sector	2	6.67%
	Professionals	0	0
5.	Type of family		
	Nuclear	20	66.67%
	Joint	10	33.33%
6.	No. of children in the family		
	One	9	30%
	Two	16	53.33%
	More than Two	5	16.67%
7.	Mass media		
	Television	12	40%
	Radio	10	33.33%
	Newspaper	8	26.67%
	Magazines	0	0

Table 1 shows the frequency distribution of samples according to the demographic variables, 36.7% belongs to the age group of 25-30 years, 50% were illiterate, 63.3% were house wives, 66.67% belongs to nuclear family 53.33% mothers had 2 children and Television is the mass media for 40%of samples.

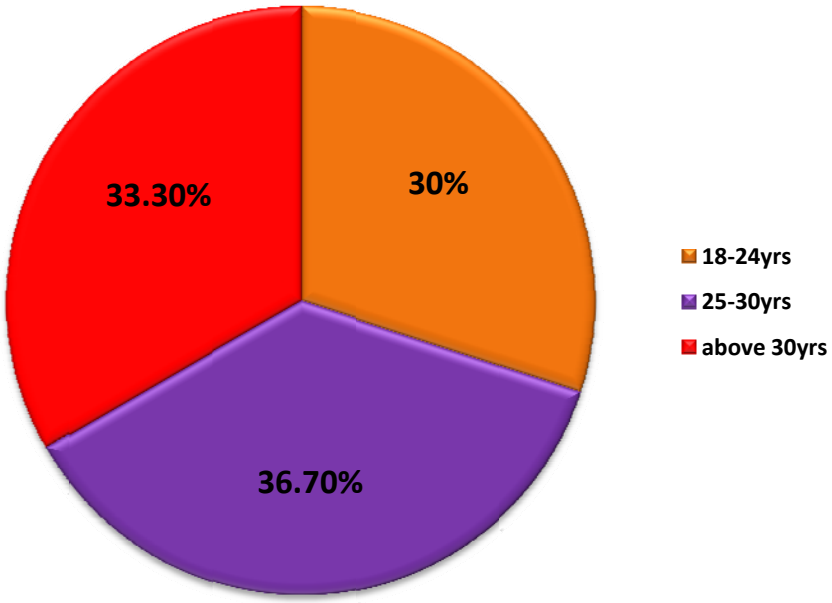


Fig. 3. Frequency and percentage distribution of samples according to their age

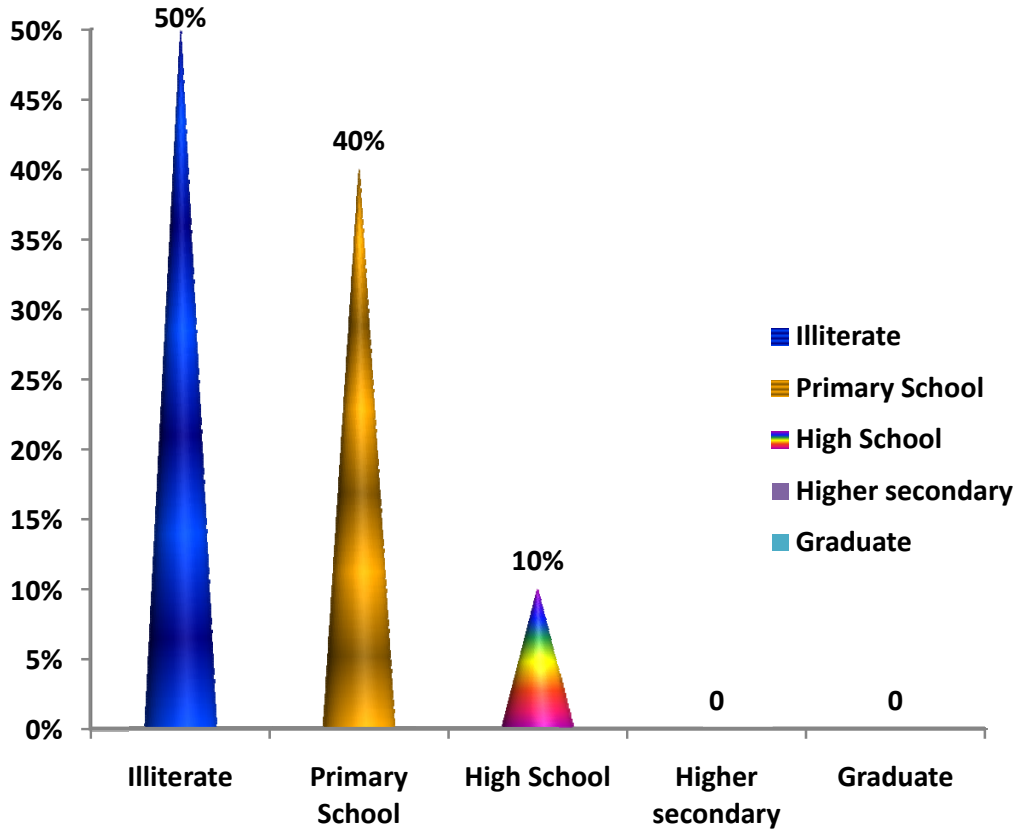


Fig. 4. Frequency and percentage distribution of samples according to their education.

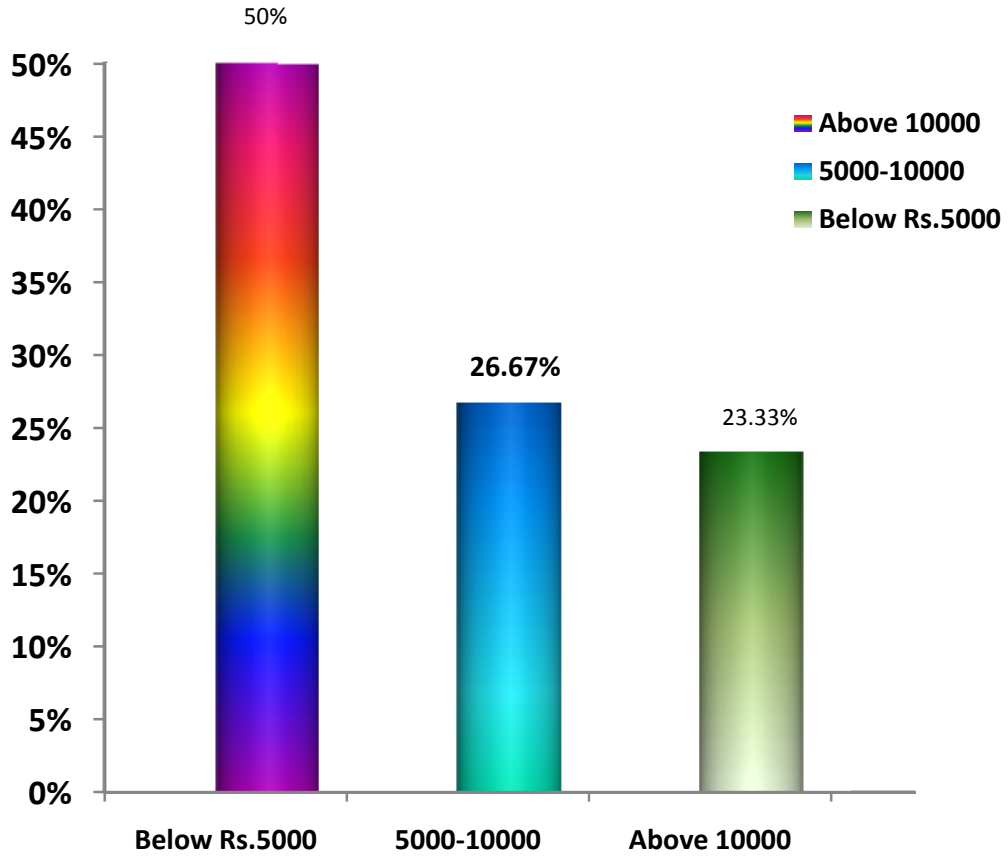


Fig. 5. Frequency and percentage distribution of samples according to their monthly income

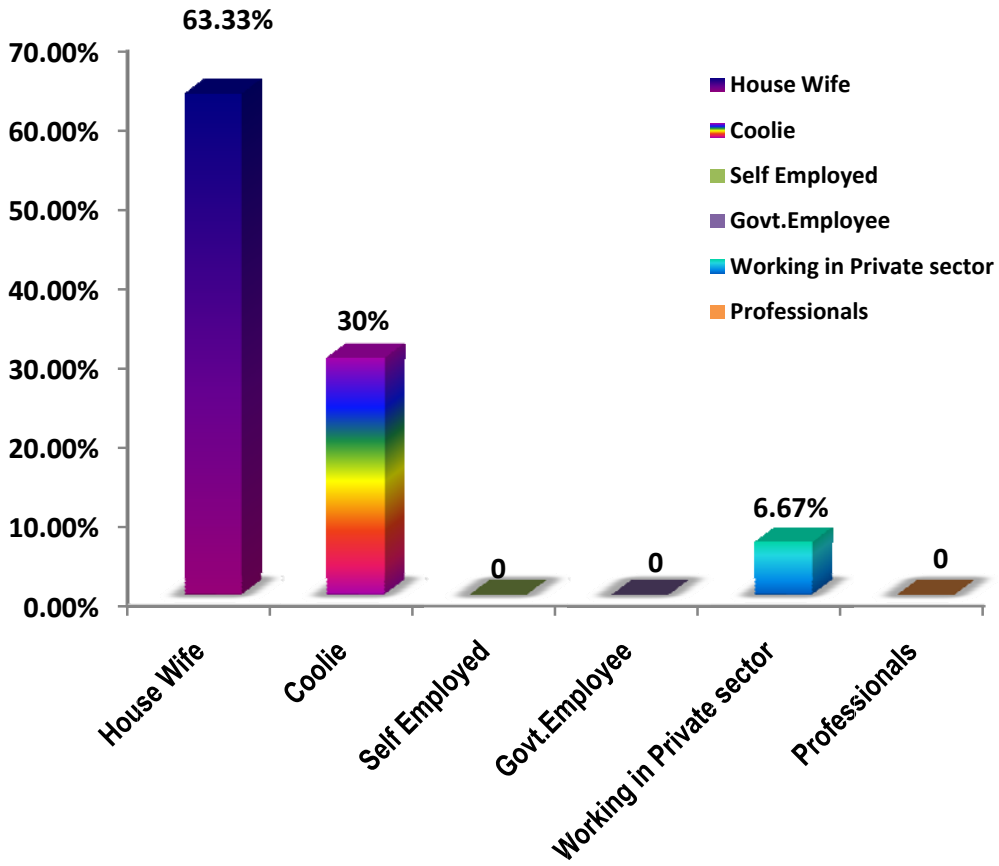


Fig. 6. Frequency and percentage distribution of samples according to their occupation

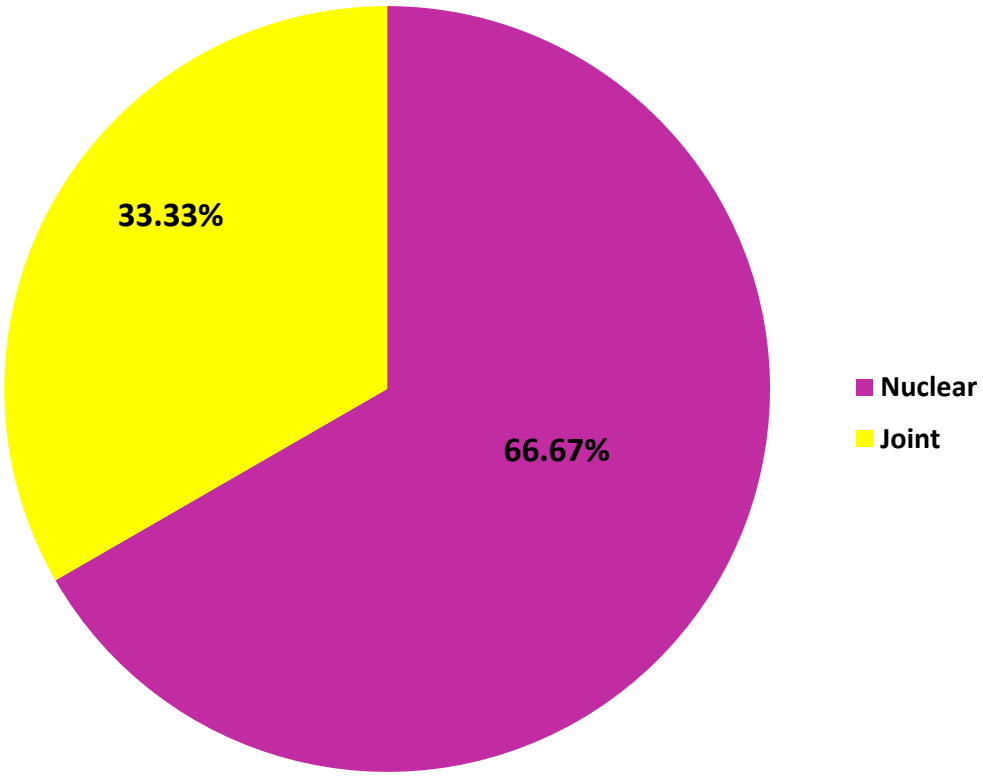


Fig. 7. Frequency and percentage distribution of samples according to their type of family

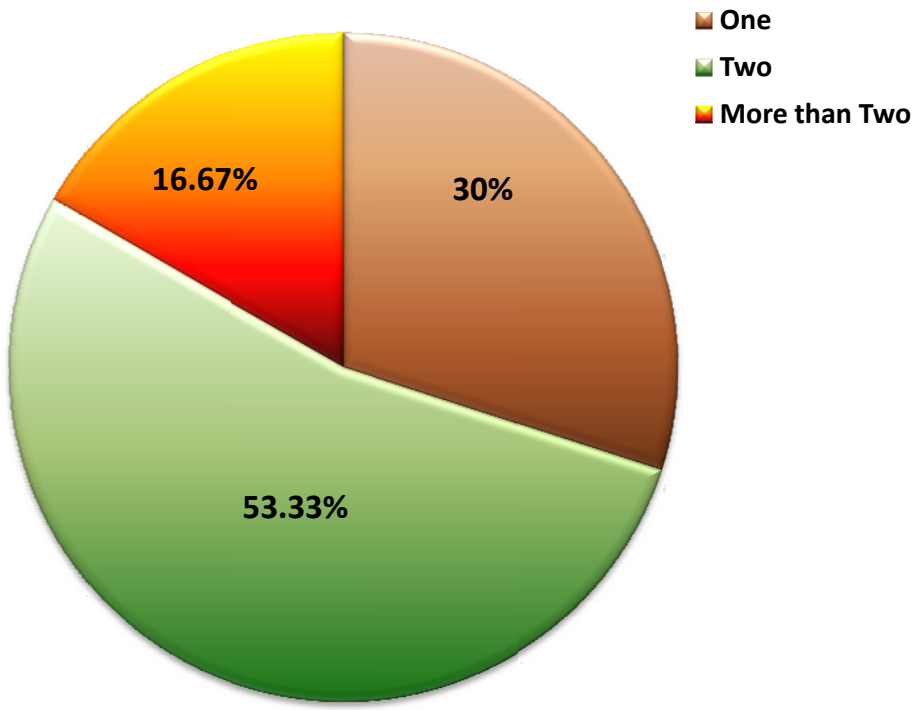


Fig. 8. Frequency and percentage distribution of samples according to their number of children.

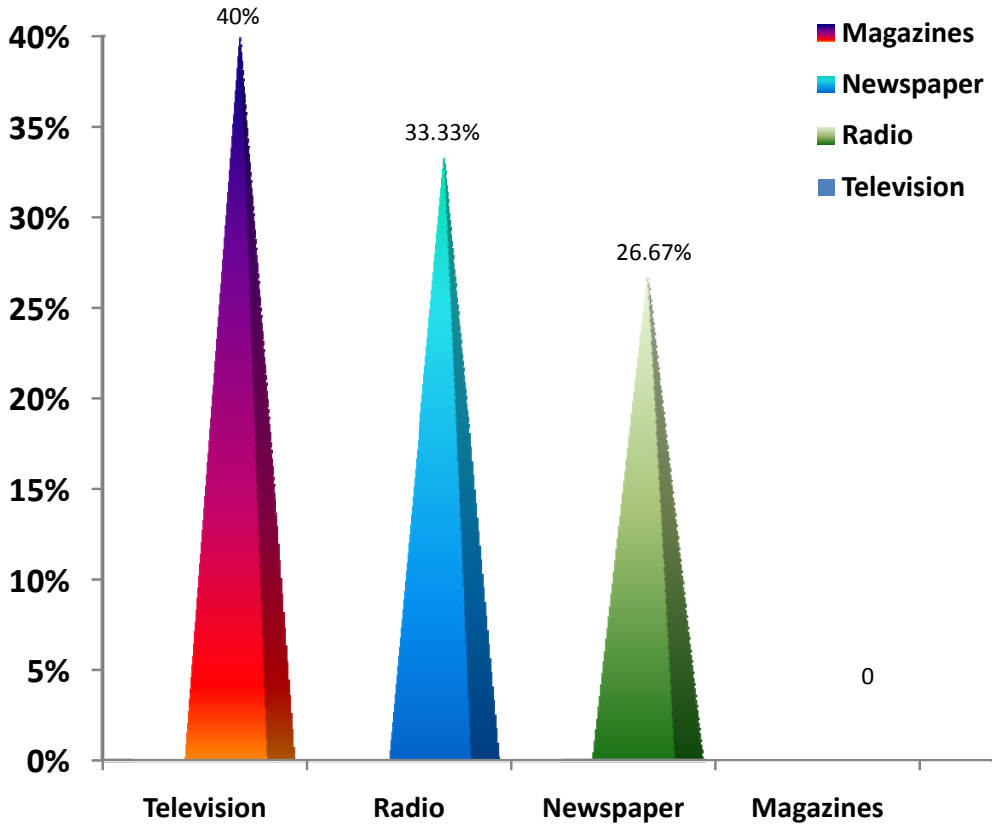


Fig. 9. Frequency and percentage distribution of samples according to their mass media.

Table. 2. Frequency and percentage distribution of samples according to their level of knowledge:

N=30

Scores	Pretest		Post test	
	f	%	f	%
Below average < 50%	22	73.33	0	0
Average 50-70%	7	23.34	3	10
Above Average >70%	1	3.33	27	90

Table 2 reveals the frequency and percentage distribution of samples according to their level of knowledge. In pretest 73.33% of samples are below average and in the post test 90% got above average scores.

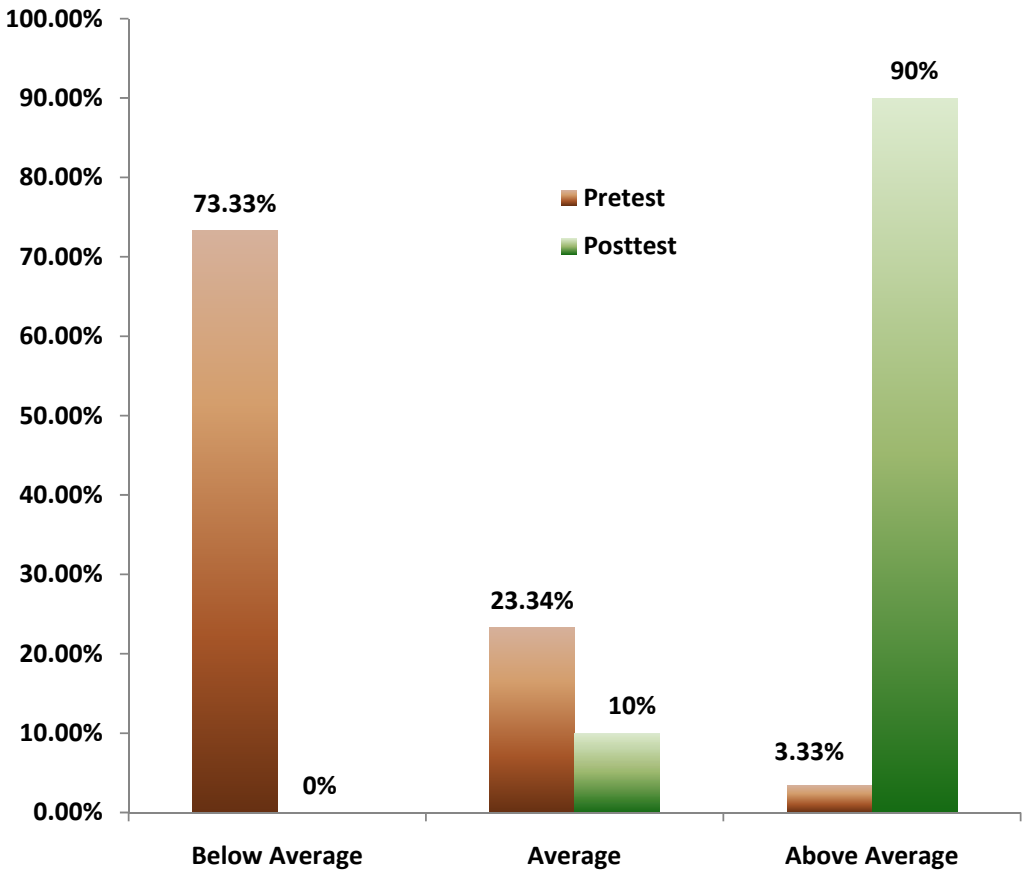


Fig. 3 : Showing that 73.33% were below average and 23.34% were average and 3.33% were above average in their pretest and 10% got average score and 90% scored above average in the post test .

Section II

This section deals with the effectiveness of structured teaching programme on child safety measures.

Table. 3. Mean standard deviation and ' t' values of samples in the group

N=30

Group	Mean	Standard Deviation	't' value
Pre test	10.97	2.50	
Post test	19.3	1.93	*26.87

* significant at P<0.05

Table 3 shows that mean of post test score (19.3) was higher than that of the mean of the pre test score(10.97). The computed 't' value was (26.87) higher than the table value at 0.05 level of significance (2.056) so the research hypothesis was accepted.

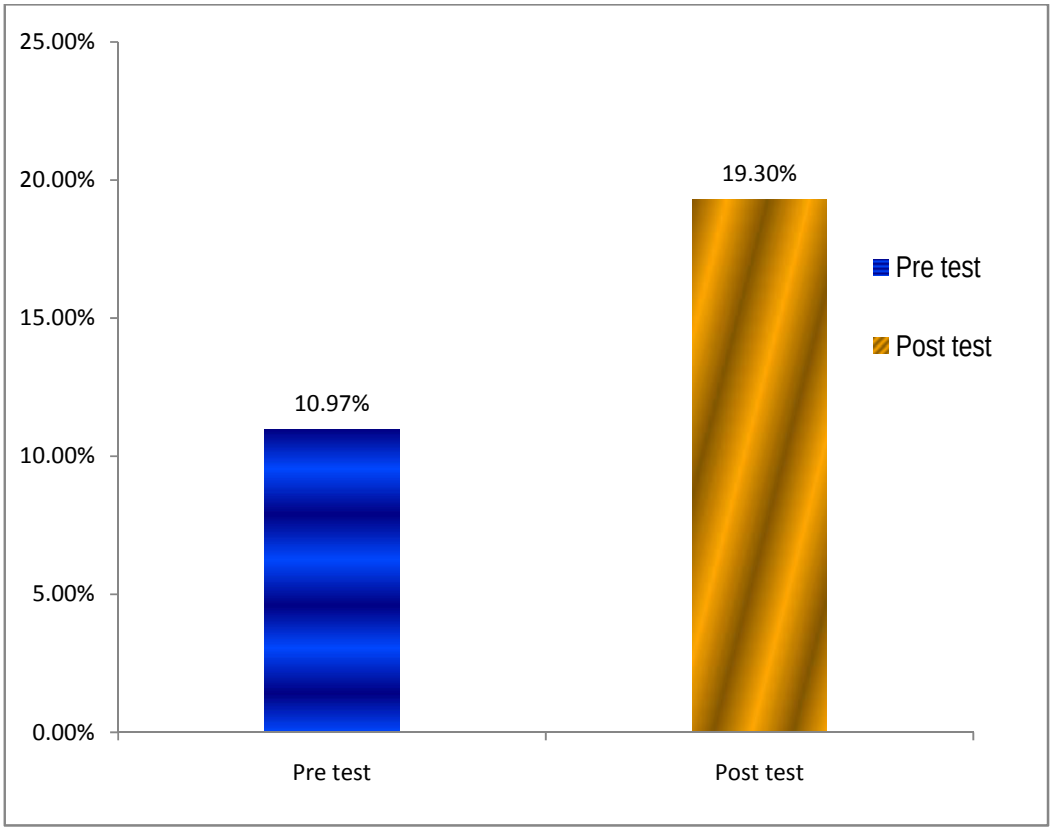


Fig.3. mean score of pretest & post test

Section III

This section deals with the association between knowledge and demographic variables.

Table .4. Association between knowledge and their demographic variables.

N=30

S.No	Demographic variables	$\chi 2$	df
1.	Age of the mother. 18-24yrs 25-30yrs More than 30yrs	7.28	4
2.	Educational status of the mother Illiterate Primary school High school Higher Secondary Graduate	13.351	8
3.	Monthly income of the family Below Rs.5000 Rs.5000 – 10000 Above Rs.10000	8.12	4

Table 4 Continued ….

S.No	Demographic variables	$\chi 2$	df
4.	Occupational Status	11.363	8
	House Wife		
	Coolie		
	Self Employed		
	Govt. employee		
	Working in private sector		
	Professionals		
5	Type of family	4.28	2
	Nuclear		
	Joint		
6	No. of children in the family	6.59	4
	One		
	Two		
	More than Two		
7	Mass media	5.375	6
	Television		
	Radio		
	Newspaper		
	Magazines		

*** Significant P<0.05**

Table 5 shows that there was no association between the demographic variables and the child safety measures. Hence the research hypothesis was not supported.

CHAPTER V

DISCUSSION

This chapter gives a brief account of the present study including results and discussion compared with some of the relevant studies done in different settings.

The present study was undertaken to evaluate the effectiveness of a structured teaching programme on child safety measures among mothers of under five children. The study was conducted in Arumani panchayath, kulasekaram at kanyakumari district. The pretest was conducted by using structured questionnaire on child safety measures with 25 items. After the structured teaching programme the knowledge level of mothers was evaluated by using the same questionnaire. The results and discussion of the study was based on the findings obtained from the statistical analysis 't' test was used to test the significant difference between the pretest and post test score. Chi Square was used to find out the association between selected demographic variables with level of knowledge on child safety measures.

Objectives of the Study:

(1) To assess the level of knowledge of mothers of under five children on child safety measures.

(2) To evaluate the effectiveness of the structured teaching programme on child safety measures among mothers of under five children.

(3) To determine the association between knowledge level of mothers of under five children on child safety measures and their demographic variables such as (age of the mother, educational status, income, occupation, type of family, number of children in the family, mass media.),

Distribution of study subjects based on demographic variables:

The samples were selected based on the inclusion criteria. The characteristics of the samples are discussed below.

Table 1 shows the distribution of subjects according to the demographic variables.

Among 30 mothers selected majority of the mothers, 36.7% belongs to the age group of 25-30 years, 50% were illiterate, 63.3% were house wives, 66.67% belongs to nuclear family 53.33% mothers had 2 children and television is the mass media for 40%of samples.

Distribution of the samples according to their level of knowledge:

Table 2 shows the distribution of samples according to their level of knowledge.

In this study majority of the mothers (73.33%) had the knowledge level of below average level of knowledge (>50%). The findings showed that increased efforts should be made to understand the child safety measures.

The study findings of the 30 samples were discussed based on the objectives of the study.

(1) To assess the level of knowledge of mothers of under five children on child safety measures in terms of pretest and post test score.

Table 3 shows that the knowledge towards mothers of under five children was improved from the pretest to post test as 10.97 to 19.3 with the mean improvement of 8.33.

(2) To evaluate the effectiveness of the structured teaching programme on child safety measures among mothers of under five children.

Table 3 shows that the mean pre and post score in the experimental group showed that structured teaching programme was effective in improving the level of knowledge among mothers. (t=26.87).

Janet.J (2010) conducted a study on knowledge of school children regarding prevention of accidents.In the study, sample was selected based on simple random sampling .Total sample was 50. Among 80%accepted that cut injuries were the major type of accidents in school.5%scalp injuries,3%fainting,and 1%fracture and insect bites. The study concluded that there was significant difference between the student's knowledge before and after education.

(3) To determine the association between knowledge level of mothers of under five children on child safety measures and their demographic variables such as (age of the mother, educational status, income, occupation, type of family, number of children in the family, mass media.)

Table 5 shows that there was no association between the demographic variables and the child safety measures. Hence the research hypothesis was not supported.

By summing up all the research findings

1. The research hypothesis (H1) there is a significant increase in the level of knowledge of mothers of under five children on child safety measures after teaching programme was supported.

2. The research hypothesis (H2) there is a significant association between the knowledge level of mothers of under five children on child safety measures with their demographic variables was not supported.

CHAPTER VI

SUMMARY AND RECOMMENDATION

This chapter deals with the summary of the study and the conclusion drawn from the study. It also explains the limitation of the study, implication of the study for different areas like nursing education, nursing practice, nursing administration and nursing research.

Summary

The study was undertaken to evaluate the effectiveness of a structured teaching programme on child safety measures among mothers of under five children in a selected rural village at kanyakumari district, Tamil Nadu.

Accidents are an important health problem throughout the world; they result in disabilities and even death. Unintentional injuries have been identified as a major threat to the health and well being of children. In the present study one group pretest post test design was used. Conceptual framework used for the study was J.W.Kenny's Open System Model.

Objectives of the Study

1. To assess the level of knowledge of mothers of under five children on child safety measures.

2. To evaluate the effectiveness of the structured teaching programme on child safety measures among mothers of under five children.

3. To determine the association between knowledge level of mothers of under five children on child safety measures and their demographic variables such as (age of the mother, educational status, income, occupation, type of family, number of children in the family, mass media)

Hypotheses

There is a significant increase in the level of knowledge of mothers of under five children on child safety measures after the structured teaching programme.

(1) There is a significant association between the knowledge level of mothers of under five children and their demographic variables such as age of the mother, educational status, income, occupation, type of family, number of children in the family, mass media.

A quasi experimental one group pretest post test design was found to be suitable for this study. The setting of the study was Arumani Panchayath , Kulasekharam.

The tool for the study had two parts. The first part of the tool consists of demographic variables. The second part of the tool was structured questionnaire which included questions on knowledge regarding child safety measures. Various aspects like definition, causes, signs and symptoms, prevention and management was included. The reliability of the tool was measured by using test, retest method in which the value of ‘r’ is 0.08. The researcher selected the subjects by purposive sampling technique. The

population of the study was 30 mothers of under five children at Kulasekharam.

The collected data were analyzed based on descriptive and inferential statistics according to the above said objectives. The pilot study proved that tools and design were appropriate.

The major findings were noted as follows

The pretest knowledge score was 10.97 and post test knowledge score was 19.3. The structured teaching programme improved the knowledge level on an average of 8.33. The value calculated for the difference of pre test and post test is statistically significant. The 't' value found to be 26.87 at $p<0.05$ level of significance. That showed the significant improvement in the knowledge level after implimenting teaching programme.

Chi- square test was used to analyze the association between the demographic variable with knowledge level which was found to be not significant.

Nursing Implication

The finding of the study reveals the implication on nursing education, nursing practice, nursing research and nursing administration.

Nursing education

1. Seminar, symposium, role play or workshop regarding child safety can be conducted for the nursing students and staffs as inservice educative programme.

2. The inservice nurse educators can organize teaching section on child safety measures to the staff nurses working in all the units of child health departments.

Nursing practice

1. The nurses and other health care professionals can organizes health education for the mothers of children in the paediatric units and opd on child safety measures.

2. Awareness program can be conducted in the community regarding child safety among mothers by the community health nurse.

3. Videos on child safety measures shown to the children admitted in the paediatric ward.

Nursing research

1. Abstract of the research can be published in nursing journals.

2. Community health nurse can propose for various studies related to child safety measures on different age group in the community. It will helpful for the beginner researchers for their future study.

Nursing administration

1. The nurse administrator should encourage the students and staff nurses to actively participate in conducting health programme which is cost effective and convenient to mothers.

2. Nurse administrator can provide necessary facilities and opportunities for nursing staff in the paediatric units to equip themselves with knowledge to deal with children, their needs, and problems in physical, psychological and social perspective.

3. Nurse administrator can encourage involvement of families, communities, and children themselves in taking their health problems with the concept, 'People's health in People's hands'.

4. The administrator can create a child proof environment attach to the paediatric department for the children to play.

Recommendation

a. A study can be conducted to compare the knowledge on child safety measures among mothers living in urban and rural areas.

b. The study can be conducted with large number of samples.

c. A study can be conducted to assess the practice of child safety among mothers.

d. A study can be conducted for the primary school teachers on prevention of accidents periodically.

Limitations

The researcher faced certain obstacles from few mothers who were pretested and they were not available during the home visit on the post test date. Such sample were rejected and new samples were taken.

Conclusion

Through this study it is concluded that the structured teaching programme was very effective in improving the knowledge of mothers regarding child safety measures .

BIBLIOGRAPHY

BOOKS

1. Basavanthappa ,B.T., (1998). Textbook of Nursing Research (2nd ed.) Delhi: Jaypee. 222-240.

2. Dorothy R. Marlow., Barbara A. Redding., (2006). Text book of Pediatric Nursing (6th ed.) Philadelphia: Elsevier. 588-592.

3. David, W.,& Hockenberry. (2009). Essentials of Pediatrics Nursing (8thed.) Missouri: Elsevier 175-196.

4. George, J.B., (1995). Nursing Theories (4th ed.) California: Appleton. 23-26.

5. Ghai, O.P., (1996). Essential Pediatrics (4th ed.) New Delhi: Interprint 83-89.

6. Gupta P., (2004). Essential Pediatric Nursing (2nd ed.) New Delhi: CBS. 608-609.

7. Jenson, Kliegman & Behrman., (2007). Nelson's Textbook of Pediatrics (18th ed.) Singapore: W.B. Saunders. 431-433.

8. Polit, F.P., (1999). Nursing Research Principles and Methods (7th ed.). Pheladelphia:.Lippincott.438-449.

9. Rao, S.S., (2005). Introduction to Biostatistics (3rd ed.) New Delhi: Prentice Hall of India.54-58.

10. Ruth ,B., & Ball,J., (1999). Pediatric Nursing (2nd ed.).Philadelphia: Simon and Schuster .54-56.

11. Singh,M., (1999).Accidents prevention. (5th ed.) New Delhi: Sagar 142-144.

12. Stephanie,W., & Hunsherger.,& Betz. (1994). Family Centered Nursing Care of Children (2nd ed.) Philadelphia: W.B. Saunders. 114-135.

13. Wong L.D., (1997).Essentials of Pediatric Nursing (5th ed.) Philadelphia: Mosby. 705-706.

14. Adele Pillitteri.,(1999).Text book of child health nursing(5th ed.) Philadelphia: Lippincott.960-961.

15. warna Rekha Bhat.,(2009).Achar's text book of paediatrics (4th ed.) India:Universities press.122-124.

16. Wendy Votroubck.,(2010).Paediatric home care for nursing(3rd ed.) Philadelphia: Jones publishers.126-130.

17. Forfar .,(1993).Text book of paediatrics (4th ed.) Edinburgh:William's limited.1784-1792.

18. Sandra.R.Mott.,(1990).Nursing care of children and families(2nd ed) California: Mosby.528-529.

19. Cecily Lynnbetz.,(1994).Family centered nursing care of children(2nd ed). America : Saundras.6-7.

JOURNALS

1. Vipul,P.Chaudhari.,Ratan,K.Srivastava.,Mohua Moitra.,Vikas, K. Desai., (2009) Risk of domestic accidents among under five children.The internet journal of family practice,7(1),182-189.

2. Carter, Y.H.,Jones, P.W., (1993). Accidents among children under five years old in North Staffordshire. British journal of general practice,159-163.

3. Dinesh,J.Bhanderi., Sushilkumar Choudhary., (2008). A study on occurrence of Domestic Accidents in a semi-urban community.Indian journal of community medicine,33(2),104-106.

4. Petridou,E., Anastasiou, A., Katsiardanis, K., Dessypris, N., Spyridopoulos, Trichopoulos, D.,(2005).A prospective population based study of childhood injuries in Greek town.Oxford journals, 15(1),9-14.

5. Cummings, P., Rivara, F.P., Boase, J., MacDonald, J.K.,(1996). Injuries and their relation to potential hazards in child day care.British medical journal,2(2),105-108.

6. Mack,M.G., Hudson,S., Thompso,D.,(1996). A descriptive analysis of children's playground injuries in the United states.British medical journal,3(2), 100-103.

7. Johnston, B.D., Britt,J. D.,'Ambrosio,L., Mueller,B.A., Rivara, F.P., (2000). A preschool programme for safety and injury prevention deliverd by home visitors.British medical journal, 6(4),305-309.

8. Janet,J.,(2010).Education for school children for prevention of accidents.Nightingale nursing times,6(2),18-20.

9. Petrass,L.A.,Finch,C.F.,Blitvich,J.D.,(2009).Methodological approaches used to assess the relationship between parental supervision and child injury risk.British medical journal,15(2),132-138.

10. Lunetta,P.,Smith,G.S.,Penttila.A.,Sajantila.a.,(2004).Unintentional drowning in finland.British medical journal ,33(5),1053-1063.

ELECTRONIC VERSION

1. Agran, P.F., Anderson, C., Winn. D., Trent .R., Walton-Haynes, L., Thayer.s, (2003), " Rates of paediatric injuries by 3month intervalsfor children 0-3years of age" .http://www.pubmed.com.

2. Yeh, E.S., Rochette, L.M., McKenzie, L.B., Smith, G.A.,(2011), "A study on Injuries associated with cribs, playpens, and bassinets among young children in the United states". http://www.pubmed.com.

3. Castro, Y., Powell, E.C., Sheehan, K.M., (2010), "supervision and physical environment of falls in Children's Memorial Hospital Chicago". http://www.pubmed.com

4. Tung, T.H., M.C., Yang, J.Y., Syu, W.Y., Wu, H.P., (2008), "useful methods in preventing accidental falls from the bed in children at the emergency department ".http://www.pubmed.com

5. Morrison, L., Chalmers, D.J, Parry. M.L., Wright ,C.S., (2003), Infant-furniture-related injuries among preschool children in Newzeland". http://www.pubmed.com

6. Onur Hamzaoglu. , Özlem Özkan., Staffan Janson., (2002), **"**incidence and causes of home accidents". http://www.pubmed.com.

7. Wang, S., Guo, C., Zhang, G., Lu, G., Li, L., Lin. H., Fan, C., Huang, G., Zhou, C., Lu, Y.,(2000), " A study on incidence of injury and its socio-economic loss in children and young adults". http://www.pubmed.com.

8. Shields, B. J., Pollack Nelson, C., Smith, G.A., (2011), "Paediatric submersion events in portable above ground polls in the united states". http://www.pubmed.com.

9. Saberi Anary, S.H., Sheikhazadi, A.,, Ghadyani, M.H.,(2010), " Epidemiology of drowning in Mazandaran province north of iran". http://www.pubmed.com

10. Rahman, A., Giashuddin, S.M., Svanström, L., Rahman, F., (2006), " Drowning a major but neglected child health prpblem in rural Bangladesh". http://www.pubmed.com

11. Mock, C.,, Arreola-Risa, C., Trevino-Perez, R., Almazan-Saavedra, V., Zozaya-Paz, J.E., Gonzalez-Solis, R., et al(2003), "Injury prevention counseling to improve safety practices by parents in Mexico". http://www.pubmed.com

APPENDIX- I

LIST OF EXPERTS VALIDATED THE TOOL

1.Mrs.C.V.Kavitha. Msc(N)

Principal

Saraswathy college of nursing,Parassala.

2. Mrs. PREETHA.S .M.sc.(N).

Assistant Professor,

Govt:.College of Nursing,

Thiruvananthapuram,

3. Mrs. SEENA.B., M.Sc (N),

Assistant Professor,

Govt:.College of Nursing,

Thiruvananthapuram,

.

4. Mrs. SAIRA GEORGE.M.Sc (N),

Associate Professor

Ananthapuri College of Nursing,

Thiruvananthapuram,

5.Dr. VIJAYALEKSHMI. M.D., D.CH.

Professor and Head of Pediatrics,

Sree Mookambika Institute of Medical Sciences.

Kulasekharam, Kanyakumari Dist.

APPENDIX-II

EVALUATION CRITERIA CHECK LIST FOR VALIDATION

Introduction

The expert is requested to go through the following criteria for the evaluation. Three columns are given for response and a column for remarks. Kindly place a tick mark in the appropriate column and give remarks.

Interpretation columns

Column 1- Meets the criteria

Column 2- Partly meets the criteria

Column 3- Does not meet the criteria

S.No	Criteria	I	II	III	Remarks
1.	Scoring ➢ Appropriateness ➢ Adequacy ➢ Accurateness ➢ Clarity ➢ Simplicity				
2.	Content ➢ Organization • Logical				

	• Continuity ➢ Adequacy ➢ Appropriateness ➢ Relevance				
3.	Language ➢ Appropriateness ➢ Clarity ➢ Simplicity ➢ Concise ➢ Precision				
4.	Practicability ➢ Is it easy to score ➢ Does it precisely measure ➢ The skill ➢ Utility				

Any other suggestion

_____

_____

_____

Signature

Name, designation

Address.

APPENDIX III

DATA COLLECTION TOOL

Section A

Demographic Data

1. Age of the mother.

a) 18-24yrs

b) 25-30yrs

c) More than 30yrs

2.Educational status of the mother

a) Illiterate

b) Primary school

c) High school

d) Higher Secondary

e) Graduate

3. Monthly income of the family

a) Below Rs.5000

b) Rs. 5000 – 10000

c) Above Rs.10000

4. Occupational Status

a) House Wife

b) Coolie

c) Self Employed

d) Govt. employee

e) Working in private sector

f) Professionals

5. Type of family

a) Nuclear

b) Joint

6. No. of children in the family

a) One

b) Two

c) More than Two

7. Mass media

a) Television

b) Radio

c) Newspaper

d) All of the Above

Section: B

QUESTIONNAIRE TO ASSES THE KNOWLEDGE OF MOTHERS ON CHILD SAFETY

1. Which age group is more vulnerable to accidents?

   a 0-1 year

   b 1-4 year

   c >4 year

2. Which type of toy can be given to the child up to four months of age?

   a Balls

   b Rattles

   c Crayon Doll

3. The mother should check the child's toys periodically. Why?

   a. To identify broken parts

   b. To know the child's toys

   c. To clean the dirt

4. What kind of toy can be selected for an under five child?

   a. Toys with sharp edge

   b. Toys with blunt edge

   c. Toys with removable parts

5. What is the precaution to be taken to prevent the child from falling while climbing the steps?

a. Place a gate at the top and bottom of stairways.

b. Do not allow the child to climb

c. Permit an elder child to accompany

6. Where the switch board must be located?

a. Bedside

b. Near the windows

c. Upper walls

7. What should be done to a child after burn injury?

a. Use cool water over the injured area

b. Use salt water over the injured area

c. Cover the area with cloth

8. Where should the flammable cooking wares to be placed?

a. Floor

b. Slab

c. Outside the house

9. What is the first aid if harmful substances enter the child's eye?

a. Wash the eye thoroughly with running water

b. Wash with hot water

c. Wash with ice water

10. How to prevent aspiration while feeding?

a. Allow the child to eat whatever he wants

b. Feed while playing

c. Follow proper feeding techniques

11. It is not better to give food such as nuts, hard candy, for children under one year. Why?

a. Aspiration

b. Poisoning

c. Indigestion

12. Which is the appropriate place to keep the medicines and harmful solutions at home?

a. Bathroom

b. Child Shelf

c. Closed Cupboard

13. Is it necessary to check the expiry date of the medicine?

a. Always

b. Sometimes

c. Not necessary

14. Which is the appropriate place to keep the toilet cleaners at home?

a. Kitchen

b. Outside the Toilet

c. Store room

15. Which symptom develops if the child is having a foreign body in the middle ear?

a. Tiredness

b. Pain

c. Shivering

16. What should be done, if a child put one ground nut in his nose or ear?

a. Take to the hospital immediately

b. Try to remove with bare hand

c. Scold and beat the child

17. What should be done to prevent sibling rivalry?

a. Do not allow the child to play with the sibling.

b. Allow the child to play with the sibling

c. Closely supervise the child

18. Which type of accident is common between 1-3 years of age?

a. Burns

b. Drowning

c. Poisoning

19. What should be done if water is stored in large vessels inside the house?

a. Keep the water filled large vessels open.

b. Close the large vessels filled with water.

c. Make the child to play near the water filled large vessels.

20. What can be done if a well is opened nearby the house?

a. Open as it is

b. Allow the child to play outside

c. Make side walls and close the well with slab

21. What is the important step to be taken to prevent food poisoning?

a. Prepare the food hygienically

b. Provide plenty of water

c. Consult a doctor immediately

22. Which of the following indicate food poisoning?

a. Ear pain

b. Toothache

c. Vomiting, fever, giddiness

23. How does rabies occur?

a. Bite of an infected animal (dog bite)

b. Food

c. Sand

24. What is the main symptom of rabies?

a. Abdominal pain

b. Drooling

c. Joint pain

25. How the child can be protected from pet animals?

a. Provide limitations while playing

b. No limitation

c. Keep the animals separately outside the house.

Answer Key

1. B
2. B
3. A
4. B
5. A
6. C
7. A
8. B
9. A
10. C
11. A
12. C
13. A
14. C
15. B
16. A
17. C
18. B
19. B
20. C
21. A
22. C
23. A
24. B
25. C

SCORING TECHNIQUE

Each question carry one mark

>70% Above Average (level of knowledge)

50-70% Average (level of knowledge)

<50% Below Average (level of knowledge)

Part A

Personal Information

1. What is your age?

   A) 18-24 years old

   B) 25-30 years old

   C) 30 years old or older

2. What is your gender?

   A) Female

   B) Male

   C) Non-binary

   D) Prefer not to say

   E) Other/Prefer not to specify

3. What is your annual household income?

   A) Less than $5000

   B) $5000-10000

   C) More than $10,000

4. What is your highest level of education?

   A) Some high school

   B) High school graduate

   C) Some college

   D) College graduate

   E) Graduate degree

F) Lp® NockRùRê¯p

5. ÄÓmTYûL

A) RédÄÓmTm

B) áhÓdÄÓmTm

6. ÄZkûRL° u Gí\ dûL

A) 1

B) 2

C) >2

7. RLYp ùTßm Ôû\

A) ùRêûXdLôhE

B) Yêù/ô–I ùThy

C) ùNnSjRês

D) CûYAû/jÕm

TJJS B

JZkûRJTÕLô/× J±jRRçn UôoL°u A± Üj S\û]úNôSdJm TYYm

1. GkRYVÕ LôXjSp JZkûRLPdJ áÓRp°TjÕdLs HtTÓ/\Õ?

A) 0–1 YÚPm

B) 1–4 YÚPm

C) > 4 YÚPm

2. 4 UôRm YûW°«Xô]JZkûRdJ GkRUôS¬Vô]°ù[VôhÓ ùTôÚhLs ùLôÓdL úYiÓm?

A) TkÕLs

B) /Û/ÛlûT

C) ùUÚJùTômûU

3. Rçn AqYlúTôÕ JZkûR«u°ù[VôhÓ ùTôÚhLû[N¬TodL úYiÓm. Hu?

A) EûPkRJôLoLû[A±YRtJ

B) JZkûR«u°ù[VôhÓ ùTôÚhLû[ùR¬kÕ ùLôsYRtJ

C) AÚdûL NjRJTÓjÕYRtJ

4. 5 YVÕdJ Jù\Yô]JZkûRdJ GkRYûLVô]°ù[VôhÓ ùTôÚhLû[úRokùRÓdL úYiÓm?

A) áoû UVô]Øû]ÙûPV°û[VôhÓ ùTôÚhLs

B) UÚYo/V°Øù]ÙûPV°û[VôhÓ ùTôÚhLs

C) °¬dLdáYVºTcLeLù[ÙûPVº û[VºhÓ ùTcÚhLs

5. ÿZkûRJydLhÓ HfßmúTcÕ°ZêUp CÚdL, GÓdL úYiYVºΦuL ÚRp Gu]?

A) JydLhÓdÿ ú UÛm ¸ÚÝm Yê«p ÆûPl× ûYdL úYiÓm.

B) ÿZkûRûVºJy HßYRtJº PdáPºÕ

C) êjRJÿZkûRûVº áúP úTcL ÆàU§dL úYiÓm

6. GeúL, "uÑºWºm ¨ßjÕm Ñ^hf úTcch ûYdL úYiÓm?

A) JÓdûL«u JdLj§p

B) _u]-u JdLj§p

C) úUp Ñ^Y¬p

7. ¾dLêVºm ThP ÿZkûRdÿGu]ùÑnVºúYiÓm?

A) LêVºm ThP CPj§p ÿ° okRRiy½ûW℗ÓRp

B) E/×j Riy½ûW℗ÓRp

C) ÆkRJÿ§ûVºÕ¦Vºp êÓRp

8. G° §p ¾/ydL áyVºNûUVp ùTcÚhLù[GeÿûYdL úYiÓm?

A) RûWº

B) Lp JXûL

C) ÆhYu ùY° úVº

9. ÿZkûR«u Li¦p BJjRê]ùTcÚhLs°ÝkRêp Gu]ΦRÛR®

ùÑnVºúYiÓm?

A) Li¦p ΦÚÝûUVºL Riy½c °hÓ LÚÝYúYiÓm.

B) ÑÖ Ri½Wºçp LáÝaY úaYiÓm

C) Ï° ckR Ri½Wºçp LáÝaY úaYiÓm.

10. Ê Ç Ü Fh Ó m ú J ê Õ × û W ° ú V ƒ ß R û c X G q Y ç ß R Ó d L X ô m ?

A) J ¨ Z k û R û V ® Ú m × m ù J ê Ú h L û [N ê ſ P ® P ¨ Ü m

B) ® û [V ê Ó m ú J ê Õ Ê Ç Ü Fh P ¨ Ü m

C) Ê Ç Ü Fh P R J ¨ k R Ù d ∫ L û [® u J t \ Ü m

11. J Ú Y V Õ d J ¨ , r Ês [J ¨ Z k û R L P d J ¨ L P û X , " h P ô n ú J ôu \ û Y L û [

ù L ê Ó d L d á P ê Õ . H u ?

A) × û W ° ú V ƒ ß m Y ô n / ×

B) ® ` j R u û U

C) ù N ¬ d L ê û U

12. U Ú k Õ L P m , ù L Ó ∫ ® û [d J ¨ m J R ê c j R e L P m Ã Ó L ° p G e ú L û Y d L ú Y i Ó m ?

A) J ¨ d J ¨ m Ã û \

B) J ¨ Z k û R d J ¨ s [Ã X U ê ¬

C) ê y V ° Ã X U ê ¬

13. U Ú k Õ L ° u L ê X ê Y ∫ ú R ∫ û V ° N ¬ J ê c j Õ Y ê e L ú Y i y V Õ Ã Y E V m R ê] ê ?

A) G l ù J ê Ý Õ m

B) E X ú Y û [L ° p

C) ú R û Y ≤ p û c X

14. Ã Ó L ° p L Ý ¨ Ü m ù J ê Ú h L û [(P ô n ù c X h) ù Y d L R d L T P m G Õ ?

A) N û U V ° X û \

B) J ¨ V p Ã û \ d J ¨ ù Y ° ú V °

C) ù J ê Ú h L s ú N c j Õ û Y d J ¨ m Ã û \ (v ú P ê c)

15. ÏZkûRu LôSp Ak¨ V] ùTô Ús TÚkRêp EiPèÏm A±Ï± GÕ?

A) úNèc Ü

B) Y–

C) SÓdLm

16. ÏZkûRêd/úXô, LôSúXô úYodLPùXû V°ÖûZjÕ°ñPèp Gu]

ùNn V úYiÓm?

A) EP/yV°L UÚjÕYUù]dÏùLôiÓ ùNp ÛRp

B) ùYseûL V°p ARû]GÓdL Ø V tŁ ùNnRp

C) ÏZkûRû V°LykÕ ùLôiÓ AyjRp

17. EPu°\kRYoL°âP«p HtTÓm NiûPù Vj RÓdL Gu]ùNn V

úYiÓm?

A) ÏZkûRû V°EPu°\kRYoLPPu°û[V°P AùU SdL áP¢Õ

B) ÏZkûRû V°EPu°\kRYoLPPu°û[V°P AùU SdL Üm

C) AÚi– ÚkÕ ÏZkûRû V úUtTcoûYùNn V°Üm

18. HÕ RW°j S Ûs[°TjÕ 1-3 YÚPm yV Õ ÏZkûRL°p áÓRp LôQJTÓ/\Õ?

A) ãhÓ ×i

B) ¿¬p êr/ C\jRp

C) °`m ÏyjÕ U¬jRp

19. Ri½o ¨û\kÕs[ùT¬V°TôjS W°Ls ÄhYp CÚkRêp Gu]ùNn V

úYiÓm?

A) Ry/o ¨Wm°Us/ uT¬ V°Tej§W°Lu/ § \kÕ uYdL Üm

B) Ry/o ¨Wm°Us/ uT¬ V°Tej§W°Lu/ êY uYdL Üm

C) J°ZkuR Lu/ Ry/o ¨Wm°Us/ Tej§W°L° u AÚ/p °u/V°oP° P Üm

20. AhYu AÚ/p /°GR § \kR ¨uoX«p TÚkRêp Gu/ uNn V°Xôm?

A) § \kúR TÚdLhÓm

B) J°ZkuR Lu/ uY° úV° u/V°oP Aà U§dL Üm

C) /°Gt\ÚúL NYoLhY LpTXuL V°êp /°Gû\êP°SP°YydûL GÓdL Üm.

21. EGÜ °SfÑjRyû UûV° RÓdL ÔdlV°UêL Gu/ uNn V° úYiÓm?

A) ÑLêRêW°Uê/ Ôû\«p EGûYRV°¬dL úYiÓm

B) A§L A/°Ü Ry/o uLêÓdL úYiÓm

C) Cl× Apo XêR EGÜ YuLLu/ Nôl P Üm

22. ,rLiP°Yt§s EGÜ °SfÑjRyû UûV° uY° lTÓfÔYÔ GÔ?

A) LêÔ Y-

B) Jp Y-

C) YêK§, LônfNp, RûXÑt\p

23. uY± °SôndLy GqYê§ HtTÓ/\Õ?

A) Tô§dLlThP° XoJ°LylTRêp (°SôndLy)

B) EGÜ

C) Ui

24. uY± °SôndLy«u ÔdlV° A± J± Gu/?

A) Y§t§ Y-

B) E"r¿o YyRp

C) êhÓ Y- (Tû°GlxLs)

25. ùÑpXÍ Wº¦Lº PªÚkÕ ÿZkûRLû[GqYêß TêÕLêdLXôm?

A) °û[VºP ÍÚ YWm× ùLêÓjRp

B) YWm× GpXêUp°û[VºP AàUSjRp

C) ùÑpXÍ Wº¦Lû[Åhfu ùY°úV°RzVºL ReL ûYjRp

TEACHING MODULE ON CHILD SAFETY

NAME OF SUBJECT:CHILD HEALTH NURSING

NAME OF STUDENT:JISHY E.S

TOPIC: CHILD SAFETY

DATE:

DURATION: FOURTY FIVE MINIUTES

TIME:

GROUP: MOTHERS OF UNDERFIVE CHILDREN

VENUE: RURAL COMMUNITY AREA

METHOD OF TEACHING: LECTURE CUM DISCUSSION

CENTRAL OBJECTIVE

At the end of the class the group will be able to get adequate knowledge regarding child safety in children and its management and develops a positive attitude towards children with child safety and apply the gained knowledge and skill in taking care of the child at home.

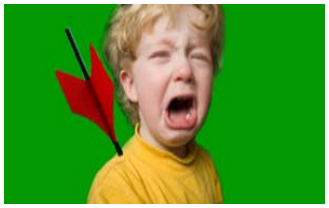
SPECIFIC OBJECTIVES:-

At the end of the class mother is able to

- define child safety
- list down the types of child safety
- explain the preventive measures of child safety
- describe seven toy dangers
- list down the guidelines for selection of age appropriate toys
- narrate the preventive measures of falls
- define electric shock

- list down the causes of electric shock
- narrate the preventive measures of electric shock
- explain first aid for burns
- enumerate the preventive measures of burns
- mention the preventive measures of aspiration
- define poisoning
- explain the poisons in the kitchen
- mention the poisons in the bathroom
- describe the poisons in the living room
- enlist the poisons in the plants
- narrate the preventive measures of poisoning
- enumerate the preventive measures of foreign body insertion
- explain the preventive measures of sibling rivalry
- define drowning
- list down the preventive measures of drowning
- enlist the symptoms of food poisoning
- explain the preventive measures of rabies
- narrate the symptoms of rabies
- explain the preventive measures of rabies

Specific Objective	Content	Time	Teaching learning activity/ A .V aids	Evaluation
	CHILD SAFETY **INTRODUCTION** As child grows, he will become interested in touching and exploring anything he can reach. As he learns to roll, crawl, walk and climb he can easily get into dangerous situations, your child will not understand what is dangerous and will need you to make his play are safe. The under five child's curiosity may lead the child into danger because accidents are the leading cause of death among under five children. About 3 million children are dying of unintentional injuries resulting from domestic accidents, school accidents from falls, fire, drowning and poisoning.	1mts		
The group is able to define child safety.	**DEFINITION** It is the protection of children from any uneventful situation like falls, suffocation, poisoning etc.	1mt	Teacher explains with the help of flash card.	What is child safety?
The group is able to list down the types of child safety	**<u>THE TYPES OF CHILD SAFETY ARE</u>** • TOY SAFETY • FALLS • ELECTRIC SHOCK • BURNS		Teacher explains with the help of flash card.	What are the types of child safety?

The group is able to explain the preventive measures of toy safety	• ASPIRATION • POISONING • FOREIGN BODY INSERTION • DROWNING • SIBILING RIVALRY • FOOD POISONING • RABIES **<u>TOY SAFETY</u>** Although any toy can be dangerous if misused, some toys that enter the market place are either unsuitable for children, or designed or constructed in a way that poses hazards to a child. Toys and other products intended for by children that present electrical, mechanical, or heat hazards can be banned from sale. Careful toy selection and proper supervision of children is still and always will be the best way to protect children from toy related injuries. **PREVENTIVE MEASURES** The following suggestions can help you keep play time a safe, fun time. **SELECT TOYS WITH CARE** 1. Choose carefully. Look for good design and quality. Construction in the topic you buy. 2. Watch out for toys that have sharp edges, small parts, or sharp points. Avoid toys that produce extremely loud noises that can damage hearing and propelled objects that can injure eyes and select blunt edge toys.	5mts	 Teacher explains with the help of flash card.	What are the preventive measures for toy safety?

	3.Buy toys that suit the Childs age, interest and abilities. 4. Be a label reader. Look for safety information such as 'not recommended for children under three years of age.' or "non toxic". on toys likely to end up in little mouths, or 'washable/hygiene materials'. On stuffed toys and dolls. 5. Check with parents before you buy a child a toy that requires close supervision. Electrically operated toys, shooting toys and games, chemistry sets, and the like. Remember, too that younger children may have access to toys intended for older children once the toy has been brought into the home. 6. Look for UL [underwriter's laboratories] seal on electrical toys. It indicates the electrical parts have been tested for safety. **TEACH PROPER USE OF TOYS** • Check the instructor and explain to the child how to use the toy. • Always try to supervise children while they play. Learn to spot 'an accident about to happen.' • Check toys periodically for broken parts and potential hazards. A dangerous toy should be repaired immediately or thrown away. Sharp or splintered edges on wooden toys should be sanded smooth. • Toy shelves are another storage possibility. Open shelves allow the child to see favorite toys and return them to the shelf after play. Be sure the shelf is sturdily and won't tip over if the child climbs on it.		Teacher explains with the help of flash card.	

The group is able to describe seven toy dangers. The group is able to list down the guide for select on of age appropriate toys	**SEVEN TOY DANGER** The following seven toy danger must be avoided. Always use blunt edge toys. The toy danger are Sharp edges Small parts Loud noises Propelled objects Wrong toy for the wrong age Sharp points Electric toys GUIDE FOR SELECT ON OF AGE APPROPIATE TOYS <u>0-18 months</u> ▪ Rattles ▪ floating tub toys ▪ picture blocks ▪ push pull toys ▪ nested boxes or cup <u>18months -2year</u> ▪ Tricycle ▪ Wagon ▪ Balls ▪ Blocks of different and shape		Teacher explains with the help of flash card. Teacher explains with the help of flash card.	What are the seven toy danger? Which age group is used for rattles?

The group is able to narrate the preventive measures of falls.	▪ Homemade materials ▪ Doll furniture ▪ Simple dress up clothes ▪ Stuffed animals ▪ Dolls ▪ Games ▪ Large crayons ▪ Blocks <u>3-5year</u> ▪ Bathing and feeding dolls ▪ Puppets and theaters ▪ Store keeping toys ▪ Play houses ▪ Hose keeping toys ▪ Toy soldiers ▪ Trains ▪ Wagons ▪ Records <u>*FALLS*</u> Falls may still happen if child are not properly clothed and baiers and protective devices are not sufficient. Falls may occur in home, play area or vehicles.		Teacher explains with the help of flash card. 	

The group is able to narrate the preventive measures of falls. The group is able to define electric shock. The group is able to list down the causes of electric shock.	PREVENTION -never leave child alone on an unprotected surface, as well as when the child is on playing. -place a gate at the top and bottom of stairways, not allow an infant to walk with a sharp object in the hands or mouth.(it could pierce the throat in a fall) -Use bed with side rails to prevent the child from falling. -Do not leave a child unattended in a high chair, -Cover accessible windows that can open with well made seems or metal guards or lock or nail them shut. -In play areas, supervise and teach toddlers how to play safe *ELECTRIC SHOCK* DEFINITION It is defined as the passage of electric current through the body that may cause cardiac arrest. CAUSES OF ELECTRIC SHOCK The causes are • Fault in electric wires • Exposed wires	3mts	 Teacher explains with the help of flash card.	What are the preventive measures of falls. What is electric shock?

The group is able to narrate the preventive measures of electric shock.	• Wet wire • Open electric socket Preventive measures • Do not let electric cord from iron or other appliances hang with in child's reach. • Cover electrical outlets with preventive plastic caps. • All electric instruments kept in the table or higher places. • Place the switch board above the child's reach. • Keep electrical wires hidden or out of reach. • Do not allow child to play with electrical appliances, wires or lighters. • Always hire a qualified engineer to fix the wiring system well in place with all care and caution. • It is ideal to wear rubber gloves or shoes while working on electric wires. • Keep the main wiring system and meter under the fences and at distance to prevent sudden encounter with children and infant. • If there is sudden fire in the house, turn off the main switch. • While repairing or working on electrical systems turn off the supply from main switch.		Teacher explains with the help of flash card.	What are the causes of electric shock? What are the preventive measures?

The group is able to explain first aid for burns.	• All necessary wiring should be sealed and qualitative for better protection. • To prevent frequent electric shocks from wires, earthling should be effective. • Avoid working on electric system during the damp or moist weather such as raining. *BURNS* Burns occur when the child is learning to climb, reach, grasp and explore the world by touching and tasting but does not have the ability to recognize danger. These burns are caused by fire and flames, contact with hot fluids, hot surfaces or corrosive house hold products, faulty or incorrectly used electricity and prolonged exposure of sun. FIRST AID FOR BURNS COOL THE BURN Place the burned area under cool, running water. Alternatively, you could dip a cloth in chilled water, and place it on the burn. Do not apply ice to the burn, it only increases the pain of the wound and does not help much. Cool, running water is the best. CLOTHING Remove any clothing from the burned area immediately. Cut the clothing if you have to. BLISTERS Take care not to break any blisters which may have formed as a result of the burn.		 Teacher explains with the help of flash card	What are the first aid measures for burns?

The group is able to enumerate the preventive measures of burns.	COVER After you have cooled the burn for about fifteen minutes, you may apply an ointment specific to burns, and then cover the burnt area with clean gauze. EYES If your child's eyes get burnt, flush the eyes with continuously with water, and call a doctor immediately. If your child is wearing contact lenses, remove them. **Preventive advice to prevent burns** • Remove from view any source of fire, such as matches, cigarette lighters and fireworks and store them in a locked containers • Note the child's location when cooking or carrying hot liquids. • Prevent the child from inserting small metal objects into electrical outlets by covering them with protective plastic caps. • Protect child's skin from the sun through the use of a sun screen. • Teach the child the meaning of 'hot' especially in relation to surfaces. • Flammable cooking wares should be away from the child. • Put smoke alarms in your home. Check them weekly if they run on batteries. Put in new batteries every six months.	3mts	Teacher explains with the help of flash card.	

The group is able to mention the preventive measures of aspiration.	• Think about how you would get out of your home in fire emergency. Make a family escape plan and have regular fire drills at home. • Have a professional electrician to check the wiring in your home at least once every ten years. • Have a professional inspect and clean your chimney and fire place once a year. Keep the flammable cooking wares in the slab ASPIRATION Aspiration is common during infancy because it is a baby's reflex to grab and place objects in the mouth. It is very serious because accidental ingestion of a foreign object in the lungs can cause grave respiratory problems. We have to follow proper feeding techniques. **Preventive measures** • Cut food into bite sized portion before serving it to child. • Do not serve young children small items of food such as nuts, hard candy, gum or dried beans. • Remove bones from fish, bits of bone from meat before serving them to young children • Remove small part of toys and other small house hold items from the environment of young children.	3mts 2mts	 Teacher explains with the help of flash card Teacher explains with the help of flash card.	What are the preventive measures?

	• Never place an infant face-down on soft surfaces such as a waterbed, comforter, sheepskin rug, or mattress cover. • Make sure your baby's crib sheet fits snugly on the mattress to keep it from coming off and getting wrapped around your baby's head. • Don't put an infant to sleep on an adult bed. If you practice co sleeping, be sure to follow the safety rules • Promptly dispose of plastic shopping bags and plastic dry- cleaning bags. Tie several knots in each bag before throwing it out. *POISONING* Poisoning in the home are much too common in children. Active and mobile toddlers are likely to come in contact poisonous at certain times of the day. DEFINITION Poisons are the harmful substances will cause injurious to the body. Poisons are swallowed, inhaled, injected or absorbed through skin. POISON IN THE KITCHEN Cleaning materials are usually kept in the kitchen, often in a low cupboard under the sink where they are easily accessible to curious children. Potentially dangerous products include. About the appearance of the containers. Chemicals and	2mts	 Teacher explains with the help of flash card.	What is poisoning?
The group is able to define poisoning. The group is able to explain the poisons in the kitchen.				

	detergents often come in colorful containers which appeal to small children, while the scent of some detergents also tends to be attractive. • All kinds of detergents and cleaning products, which often contain chemicals that are poisonous to children. • Plan fertilizer. This is extremely dangerous. • Detergents used in automatic dish washers. These are highly caustic and therefore, very dangerous if consumed. • Never pour chemicals or detergents in to empty soft drink or water bottles. Children may think the bottles still contain the original liquid. POISON IN THE BATHROOM			What are the poisonous in the kitchen?
The group is able to mention the poison in the bathroom.	Medicines, cosmetics, creams and lotions contain harmful substances(such as alcohol)that may poison a child. Many tablets, medicines, herbal remedies and even vitamins are dangerous for children. Always keep such items in a locked cupboard that the children do not have access to. Put any medicines back in the cupboard immediately after use.		Teacher explains with the help of flash card.	
The group is able to describe the poison in the living room.	POISON IN THE LIVING ROOM Alcohol is very dangerous for children. Always lock cupboard containing wine and spirits-screwing down the lids tightly is not enough.			What is the poison in the bathroom?

The group is able to narrate the poison in the plants The group is able to list down the preventive measures of poisoning	POISON IN THE PLANTS Many house plants and garden plants are poisonous if eaten. A pharmacist can provide advice about poisonous plants. If you have small children, do not keep any poisonous house plants-even if you place them out of reach, leaves may fall to the floor. Plant poison causes blisters and/or ulcers in your child's mouth or their tongue may start swelling. PREVENTIVE MEASURES • Instruct about proper storage of poisonous substances • Explain to keep the poisonous materials beyond the children reach. That is inside the cupboard. • Discard empty containers of any poisonous substances promptly. • Never put medicines or potentially toxic substances in drinking cups or soft drink bottles. • Discard old or unlabelled medicines down the drain or toilet. • Check the expiry date of the medicine before giving to the child. • Store small appliances that use tiny disc shaped batteries, such as watches, hearing aids –cameras and calculators out of the reach of children. • Instruct to seek medical advice when poisoning is	5mts	Teacher explains with the help of flash card.	What is the poison in the living room? What is the poison in the plants? What are the preventive measures of poisoning?

The group is able to enumerate the preventive measures of foreign body insertion	suspected FOREIGN BODY INSERTION Foreign body can enter the human body swallowing, Insertion, or "traumatic force, either accidently or on purpose. Foreign bodies can be inert or irritating. They will cause inflammation. They can bring infection into the body or acquire infectious agents and protect them from the body's immune defences.They can obstruct passage ways either by their size or by the scaring they cause. Some can be toxic. **Preventive measures** • Keep the small objects away from children's reach. • Avoids playing with small objects like beads seeds etc. • Allow the children to play with medium size play materials and avoid small and sharp parts SIBLING RIVALRY The term sibling refers to children who are related and living in the same family. Sibling rivalry has existed as long as families. To prevent sibling rivalry that the child must be closely supervised.	3mts	 Teacher explains with the help of flash card. 	What are the preventive measures of foreign body insertion?

The group is able to explain the preventive measures of sibling rivalry The group is able to define drowning The group is able to list down the preventive measures of drowning	PREVENTIVE MEASURES 1) Do not play favorites and make sure that you treat your children equally and when impossible then fairly. 2) Never compare children instead emphasize each child's individual strengths. 3) Do not get involved in their arguments 4) Make sure that your children have the tools and skills needed to cooperate and to work out their conflicts on their own. 5) Enable and encourage children to express their feelings about each other and how they feel about the conflict. 8) Try to give each child some one-on-one time on a regular basis 9) Listen to your children. When your child wants to talk, stop what you are doing and listen. 10) Focus on the positive aspects of having siblings DROWNING DEFINITION Drowning is the process of experiencing respiratory impairment from submersion/ immersion in liquid. The possible outcome of drowning as death, morbidity. PREVENTIVE MEASURES 1. Small children should not be allowed to go out in the rain. 2. The children should always be accompanied by an adult		Teacher explains with the help of flash card. 	What are the preventive measures of sibling rivalry?

The group is able to enlist the symptoms of food poisoning	while swimming. 3. while giving a tub bath to a small baby never leave him alone in the tub area for a few moments 4. All the water containers and tank are covered 5. Swimming pools should have barrier [fences, gates, alarms] to prevent children from unattended. 6. If your phone rings, take your child with you if they are in the padding pool or pool. , 7. Do not relay on flotation aids such as air rings or arm hands to keep your child safe. Your child needs your constant supervision. 8. Keep the nappy bucket off the floor where baby can't get to it. Have a firm fitting lid. 9. Keep laundry, bathroom and toilet doors shut. Food poisoning Food poisoning occurs when you swallow food or water that has been contaminated with certain types of bacteria, parasites, viruses, or toxins. Symptoms When you develop symptoms depends on the exact cause of the food poisoning. The most common types of food poisoning generally cause symptoms within 2 - 6 hours of eating the food. Possible symptoms include: • Abdominal cramps • Diarrhea(may be bloody)	5mts	 explain with the help of flash card.	What is drowning? What are the preventive measures of drowning?

The group is able to explain the preventive measures of food poisoning The group is	• Fever and chills • Headache • Nausea and vomiting • Weakness (may be serious and lead to respiratory arrest, as in the case of botulism. PREVENTIVE MEASURES Wash your hands thoroughly before and often while preparing food and hygienically. • Cover any sore or cut on your hands before preparing food. Use rubber gloves, or cover the sore with a clean bandage. • Clean all working surfaces where food is prepared. Use hot, soapy water, and a diluted bleach solution. • Kitchen sponges and cloth dishrags may contain large amounts of bacteria. Clean them frequently, or use disposable towels. RABIES Rabies is a deadly viral infection that is mainly spread by infected animals symptoms Anxiety stress and tension • Drooling	5mts	 Teacher explains with the help of flash card.	What are the symptoms of food poisoning? What are the preventive measures of food poisoning?

able to narrate the symptoms of rabies The group is able to explain the preventive measures of rabies.	• Convulsion • Exaggerated sensation at the bite site • Excitability or combative • Loss of feeling in an area of the body • Loss of muscle function • Low-grade fever (102 F or lower) • Numbness and tingling • Pain at the site of the bite • Restlessness • Swallowing difficulty (drinking causes throat spasms and the person may become hydrophobic) To help prevent rabies: • Avoid contact with animals you don't know. • Get vaccinated if you work in a high-risk occupation or travel to countries with a high rate of rabies. • Make sure your pets receive the proper immunizations. Dogs and cats should get rabies vaccines by 4 months of age, followed by a booster shot 1 year later, and another one every 1 or 3 years, depending on the type of vaccine used. • Follow quarantine regulations on importing dogs and other mammals in disease-free countries. • Keep the animals separately outside the house.	5mts	Teacher explains with the help of flash card.	What are the symptoms of rabies? What are the preventive measures?

	CONCLUSION Injuries many of which occur at home are the leading cause of death for children. It is natural to look for outlets such as mass media to reach large number of families with educational messages about safety and injury prevention.	1mts	Teacher explains with the help of flash card.	